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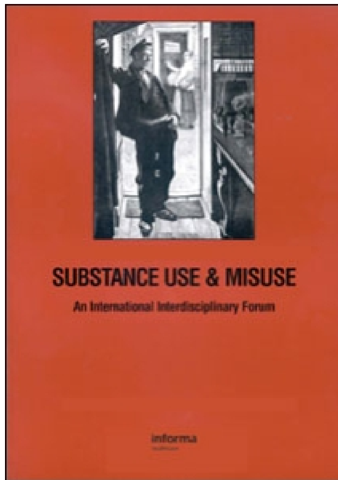

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Substance-Use and Psychiatric Disorders among American Indian Veterans

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Substance-Use and Psychiatric Disorders among American Indian Veterans

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ABSTRACT

Native American (NA) veterans have rarely been the focus of investigational efforts. We review studies relevant to an assessment of NA substance-use disorders, and discuss findings of the Drug Abuse Treatment Services Evaluation Project pertaining specifically to NA veterans. A larger proportion of NA veterans discharged from VA inpatient care in FY93 were diagnosed with a substance-use disorder compared to the total population of veterans discharged that year. Substance-dependent NAs were more likely to be diagnosed with alcohol-use disorders and posttraumatic stress disorder, and less likely to be diagnosed with drug-use disorders and other psychiatric disorders than substance-dependent veterans generally.

Key words. Native American; Substance-use disorders; Alcoholism; Veterans

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INTRODUCTION

Archaeologists estimate that the progenitors of modern Native Americans (NAs) first migrated from Asia to North America 25,000 to 40,000 years ago (Young, 1992). Young noted that approximately one million aboriginal Americans lived within the boundaries of what is now the United States in the 1500s. By 1890, systematic efforts to exterminate NAs and other factors had reduced this population to approximately 250,000. Social aspects of contemporary NA life, including drinking practices, may reflect this history of cultural devastation.

Recent census data indicate that NAs constitute 0.79% (n = 1,959,234) of the United States population (US Bureau of the Census, 1993). This figure is 38% larger than the comparable 1980 census estimate. As a group, NAs are younger than other United States ethnic groups (Nelson et al., 1992). More than one-third (37.4%) of NAs are 18 years of age or younger (US Bureau of the Census, 1993). NAs served by the Indian Health Service (IHS) (approximately 62% of all US Indians) frequently reside in communities ". . . located in isolated and rugged areas, where the climate is often harsh, economic opportunities are limited and transportation to obtain services and basic necessities is difficult" (IHS, 1993, p. 257). However, 1990 census findings indicate that a majority (56%) of NAs live in urban areas. Nelson et al. (1992) contended that historical and socioeconomic factors conjoin with racial discrimination and cultural identity conflicts to place NAs at particularly high risk for substance-use and mental health disorders.

This paper reviews investigations addressing the prevalence, etiology, prevention, and treatment of substance use among NA veterans. Psychiatric disorders co-occurring with substance use are discussed where data are available. Findings pertaining specifically to NA veterans discharged from VA hospitals in Fiscal Year (FY) 1993 are presented.

Five observations are critical to a balanced appraisal of psychiatric research addressing NAs. First, although NAs, at least those served by IHS, have higher age-adjusted mortality rates for alcoholism than the overall United States population, diverse drinking and drug-use patterns are apparent within and across Indian "entities" recognized as eligible to receive services from the US Bureau of Indian Affairs. Numerous other tribes, bands, and Native villages are not formally recognized, for a variety of reasons, by the government (IHS, 1993; *Federal Register*, 1993). Collins (1992) refers to the "Myth of Homogeneity," noting that ". . . recognition of heterogeneity within specific groups has only recently begun to be incorporated into research designs, and is not acknowledged in many descriptions of study samples" (p. 62). Similar issues were raised by Trimble (1990-91), May (1991), and Walker et al. (1986), who

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noted the common tendency to homogenize special populations which are heterogeneous.

Second, a "drunken Indian" stereotype exists that is generally accepted by lay persons, professionals, and even by some Indians (Levy, 1985; May, 1991). May and Smith (1988) reported that 63% of the Navajo Indians they interviewed believed that Indians had a physical vulnerability to alcohol that other people do not have. This stereotype is not well-grounded empirically and may be therapeutically counterproductive. May (1991) argued that ". . . the currently accurate scientific conclusion is that there is no major consistent, racially based physiological difference in alcohol metabolism between Indians and others" (p. 240).

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Third, research addressing the etiology, prevention, and treatment of Native American substance-use disorders and comorbid conditions is in its infancy. Few sophisticated evaluations have been reported. Two efforts to address this need are underway at the Seattle VA Medical Center (Walker et al., 1994a, 1994b, 1994c, in press). Well-designed studies of the etiology and treatment of substance-use disorders using clinical and community-based samples of NAs are needed.

Fourth, cultural factors have received scant attention, theoretically or empirically, from mental health professionals. Good (1993) reviewed findings suggesting that psychiatric misdiagnosis is more prevalent among minority than nonminority patient groups in the United States. However, data addressing psychiatric misdiagnosis of NAs are unavailable. The nature and causes of misdiagnosis in minority populations need to be investigated. Treatment implications of comorbid psychopathology in NAs have rarely been examined (Walker et al., 1993).

Finally, it is probable that substance-using NAs are subject to many problems experienced at comparatively high rates by substance users in other ethnic groups. Poverty and social disenfranchisement engender substance use and other social problems. These conditions, in turn, undoubtedly exacerbate the socially disadvantaged position of NAs. Thus, one would expect to find elevated rates of AIDS, homelessness, tobacco use, psychiatric disorders, and familial discord among NAs with substance-use disorders compared to their nonusing counterparts (Walker et al., 1994c).

SUBSTANCE-USE AND PSYCHIATRIC DISORDERS AMONG NATIVE AMERICANS

Most studies of NA substance-users examine substance-use patterns or rates of substance-related morbidity and mortality in specific tribes (Hisnanick and Erickson, 1993). The largest personal interview study assessing the preva-

lence of psychiatric disorders in the community, the Epidemiologic Catchment Area (ECA) Program, found higher rates of all assessed psychiatric disorders in alcoholics compared to nonalcoholics. The ECA project did not include an assessment of illness rates in NAs. ECA findings indicated that individuals with substance-use disorders and comorbid psychopathology had relatively high rates of treatment service utilization (Helzer and Pryzbeck, 1988; Regier et al., 1990).

Hisnanick and Erickson (1993) examined all alcohol-related discharges (n = 43,302) from 43 IHS hospitals between 1980 and 1988. Alcohol-related admissions accounted for approximately 14% of adult inpatient days of treatment. IHS discharge rates for alcohol-related diseases were threefold greater than comparable rates for the United States general civilian population based on data from the National Hospital Discharge Survey. The authors stressed the need for additional studies of inpatient resource utilization by NAs.

Smaller studies of clinical and community samples of substance-dependent NAs report comparatively high rates of organic mental disease, previous treatment for psychiatric disorders and substance use, and extensive family histories of psychiatric and substance-use disorders (Boehnlein et al., 1992-1993; Brown et al., 1993; Kinzie et al., 1992; Koegel et al., 1988; Leung et al., 1993; Westermeyer and Neider, 1994; Westermeyer et al., 1993).

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SUBSTANCE-USE AND PSYCHIATRIC DISORDERS AMONG NATIVE AMERICAN VETERANS

Until recently, limited information was available regarding Native American veterans with substance-use and psychiatric disorders. In 1985 the Office of Information Management estimated that there were 159,000 NA veterans in the United States. The current estimate of the total United States veteran population exceeds 26 million (Department of Veterans Affairs, 1991). Moos and colleagues have published annual reports since 1989 characterizing veterans with substance-use disorders and the programs serving them (e.g., Moos et al., 1991; Peterson et al., 1993). These highly useful reports do not specifically address psychopathology among NA veterans.

Booth and colleagues have conducted several investigations of substance users treated within the VA and their treatment experiences (e.g., Cook et al., 1994). Booth et al. (1992a) examined the age, ethnicity, and marital status of 62,829 men with primary alcohol-use disorders who were discharged from VAMCs in fiscal year 1987 (FY87). NAs constituted 1.2% (n = 733) of the group of veterans diagnosed with primary alcohol-use disorders and only 0.4% (n = 2,619) of the entire group of veterans hospitalized in FY87. Compared to alcohol-dependent patients in other ethnic groups, alcohol-dependent NAs were more likely to be under 30 years of age, to have completed chemical

dependency treatment, and were less likely to be married. Booth et al. (1992a) speculated that "Perhaps, because of greater recognition of alcohol problems among Native Americans, it is easier for them to be encouraged to seek treatment" (p. 1033). The authors also noted that ". . . research is needed to determine longitudinal patterns of health care utilization by elderly and minority patients in order to understand better the health care needs of these groups of alcoholics and design optimum health care programs" (p. 1034).

THE DRUG USE TREATMENT SERVICES EVALUATION PROJECT (DATSEP)

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The principal aims of DATSEP are to examine characteristics of substance-using veterans treated within the VA and to pursue a policy-relevant health services research agenda examining the cost effectiveness of chemical dependency treatment. Findings from a recent study examining NA veterans discharged from inpatient VA care in FY93 are presented below. The target population of this investigation was the 2,883 NAs discharged in FY93. Comparisons were made with the total population of veterans treated as inpatients in FY93.

Methods

Characteristics of the veterans in this study were ascertained using discharge abstracts maintained at the VA data processing center in Austin, Texas. Demographic, diagnostic, and service-episode data were available for approximately 900,000 FY93 discharges (n = 536,244 individuals).

Patients were considered to have a substance-use disorder if coders assigned them one or more of six ICD-9 codes based on the diagnoses recorded in their hospital charts: alcohol dependence, alcohol abuse, alcoholic psychosis, drug dependence, drug abuse, and drug psychosis. Specific substance-use disorders (e.g., cocaine abuse) were subsumed under the general substance-use disorder codes.

Previous research describes significant differences between substance-dependent veterans treated on addictions, psychiatric, and medical or surgical services. The hierarchical typology developed by Moos et al. (1991) was used to classify veterans with substance-use disorders into three groups based on the type of unit in which they received substance-related treatment in FY93. Type 1 inpatients received a substance-use disorder diagnosis at discharge from an addictions treatment unit. Type 2 inpatients received a substance-use disorder diagnosis at discharge from a psychiatric unit in FY93 but were not given a substance-use disorder diagnosis by an addictions treatment unit in that year.

Type 3 inpatients received a substance-related diagnosis at discharge from a medical or surgical unit in FY93 but never received a substance-related diagnosis while treated on an addictions treatment unit or a psychiatric unit in FY93.

The index episode of care for a patient who received one or more substance-related diagnoses was the first episode of treatment in FY93 in the unit classified at the highest level of the typology. Higher levels of the typology are characterized by relatively more intense treatment directed toward substance-use problems. Patients were initially assessed to determine if they met Type 1 criteria. If they did not, they were assessed to determine if they met Type 2 criteria. Patients who did not meet Type 1 or Type 2 criteria were assessed against Type 3 criteria. The index episode of care for patients who did not receive a substance-related diagnosis was their first episode of inpatient treatment in FY93.

Prevalence rates for substance-use, psychiatric, and medical or surgical disorders were based on physicians' diagnoses assigned to inpatients during their index episode of care. Demographic data were also collected during the index stay. Prevalence rates were calculated for 7 specific substance-use disorders, 6 psychiatric disorders, and 14 medical disorders.

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Results

A total of 536,244 individuals were discharged from VAMCs in FY93. Approximately one-quarter of this group (n = 123,495) received a substance-use diagnosis; most had index stays in addictions treatment units (43.8%) or medical or surgical units (32.7%), while a smaller proportion were treated in psychiatric units (23.5%). A total of 2,883 NA veterans (unique individuals) were discharged in FY93, 46.9% with at least one substance-use disorder. NAs with substance-use disorders were more likely to be treated in addictions treatment units (57.4%) and psychiatric units (28.9%), and were less likely to be treated in medical or surgical units (13.8%), than substance-dependent veterans generally.

Demographic Characteristics

NAs with substance-use disorders were similar sociodemographically to the total population of veterans with substance-use disorders. Approximately 98% of both groups were male and slightly less than a quarter were married. Nondependent NAs and nondependent veterans overall (59.5, σ = 13.8 years) were older (61.7, σ = 13.8 years) than substance-dependent NAs (47.0, σ = 12.0) and substance-dependent veterans overall (47.7, σ = 12.6). Nondependent NAs (51.7%) and nondependent veterans overall (53.9%) were more

likely to be married than their substance-dependent NA (24.6%) or general veteran (20.9%) counterparts. Approximately half of the substance-dependent NAs and substance-dependent total veterans groups reported Vietnam era service, compared to 26.9% of the nondependent NA group and 21.2% of the general nondependent veteran population. The modal NA substance user was a middle-aged, unmarried man with an alcohol use disorder.

Substance-Use Disorders

Prevalence estimates for substance-use disorders are presented in Table 1. Cocaine-use disorders were considerably more prevalent among substance-dependent veterans generally than among substance-dependent NAs. Conversely, alcohol-use disorders were more prevalent among NA veterans compared to the total group of veterans with substance-use disorders.

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Psychiatric Disorders

Two general trends are apparent with regard to psychiatric diagnoses among substance-dependent veterans (Table 2). First, substance-dependent NAs and substance-dependent veterans overall are substantially more likely to be diagnosed with all types of psychiatric disorders than their nondependent counterparts. For example, 7.5 and 10.6% of substance-dependent NAs and substance-dependent veterans overall, respectively, received a personality disorder diagnosis compared to 1.0 and 1.3% of their nondependent counterparts. Second, the total population of substance-dependent veterans has slightly higher rates of psychiatric disorders of all types, except posttraumatic stress disorder, than do NAs with substance-use disorders.

Medical Disorders

Prevalence rates of substance-dependent NAs differed from substance-dependent veterans overall by more than 5% for only four categories of medical disorders (Table 3). Substance-dependent NAs were more likely to be diagnosed with musculoskeletal (19.8 vs 14.1%) and endocrinological (24.1 vs 19.0%) disorders, and were less likely to be diagnosed with circulatory (23.3 vs 28.9%) and mental (38.4 vs 55.2%) disorders than substance-dependent veterans in the general population.

Service Episode Characteristics

A total of 909,896 discharges (n = 536,244 individuals) from VAMCs in FY93 were recorded; 21.1% were associated with a substance-use disorder

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Table 1.

Substance-Use Disorder Prevalence Rates for Substance-Dependent Native Americans and Substance-Dependent Veterans Overall, by Patient Type and Substance Type, FY93[a]

	Substance-dependent Native American veterans (%)				All substance-dependent veterans[b] (%)			
	All (n = 1,351)	Type 1 (n = 775)	Type 2 (n = 186)	Type 3 (n = 390)	All (n = 123,495)	Type 1 (n = 54,084)	Type 2 (n = 28,984)	Type 3 (n = 40,427)
Cocaine	4.7	5.9	6.5	1.5	24.2	37.6	24.6	5.9
Opioid	2.1	1.9	5.4	0.8	6.9	10.0	5.7	3.7
Marijuana	9.9	13.7	10.2	2.3	10.4	17.0	10.8	1.4
Amphetamine	1.7	2.6	1.6	0.0	1.5	2.4	1.5	0.3
Barbituate	0.7	0.8	2.2	0.0	1.6	1.8	2.4	0.6
Drug psych.	0.7	0.6	1.1	0.8	3.5	4.1	4.1	2.1
Alcohol	97.3	98.7	91.4	97.4	86.7	87.8	78.7	90.8

[a]Columns total more than 100% because many patients received more than one substance-use disorder diagnosis.
[b]Including Native Americans.

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Table 2.

Psychiatric Disorder Prevalence Rates for Substance-Dependent and Nondependent Native Americans and Veterans Overall, by Patient Type and Disorder Type, FY93[a]

	Native American veterans (%)					All veterans[b] (%)				
	Substance dependent					Substance dependent				
	All (n = 1,351)	Type 1 (n = 775)	Type 2 (n = 186)	Type 3 (n = 390)	Nondependent (n = 1532)	All (n = 123,495)	Type 1 (n = 54,084)	Type 2 (n = 28,984)	Type 3 (n = 40,427)	Nondependent (n = 412,749)
Personality	7.5	8.3	18.3	0.8	1.0	10.6	11.9	21.2	1.2	1.3
Depression	9.3	7.6	30.1	2.8	3.3	10.8	9.6	22.7	3.9	3.7
PTSD	10.6	8.3	37.6	2.3	3.9	8.6	7.4	20.4	1.7	1.9
Schizophrenic	3.8	2.3	14.0	2.1	2.5	8.2	3.4	25.4	2.3	4.4
Bipolar	1.3	1.0	4.3	0.5	1.0	3.9	2.7	10.2	0.9	1.6
Neurotic	0.8	0.3	3.8	0.5	0.5	2.3	1.4	6.2	0.8	0.8

[a]Some patients were diagnosed with more than one psychiatric diagnosis.
[b]Including Native Americans.

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Table 3.

Medical Disorder Prevalence Rates for Substance-Dependent and Nondependent American Indians and Veterans Overall, by Patient Type and Disorder Type, FY93

	American Indian veterans		All veterans	
	Substance dependent (*n* = 1,351)	Nondependent (*n* = 1,532)	Substance dependent (*n* = 123,495)	Nondependent (*n* = 412,749)
Diseases of the blood and blood-forming organs	7.8% (105)	10.8% (166)	8.6% (10,651)	9.2% (37,852)
Diseases of the circulatory system	23.3% (315)	50.1% (767)	28.9% (35,744)	54.1% (223,065)
Diseases of the musculoskeletal system and connective tissue	19.8% (267)	19.6% (300)	14.1% (17,373)	17.0% (70,301)
Diseases of the skin and subcutaneous tissue	11.0% (149)	11.9% (183)	8.6% (10,617)	7.9% (32,744)
Diseases of the digestive system	28.1% (379)	23.9% (366)	27.3% (33,743)	24.1% (99,460)
Diseases of the genitourinary system	9.0% (121)	20.6% (316)	7.4% (9,117)	19.1% (78,799)
Symptoms, signs, and ill-defined conditions	16.0% (216)	21.9% (336)	19.7% (24,273)	21.4% (88,260)
Infectious and parasitic diseases	10.2% (138)	13.5% (207)	11.5% (14,241)	10.1% (41,791)
Injury and poisoning	11.5% (156)	14.6% (223)	8.0% (9,823)	10.6% (43,614)
Mental disorders	38.4% (519)	15.3% (235)	55.2% (68,178)	19.4% (79,870)
Endocrine, nutritional, and metabolic diseases	24.1% (325)	40.5% (620)	19.0% (23,444)	32.1% (132,644)
Neoplasms	2.2% (30)	12.1% (186)	4.4% (5,387)	15.0% (62,118)
Diseases of the nervous system and sense organs	15.2% (205)	20.4% (312)	13.3% (16,451)	21.0% (86,656)
Diseases of the respiratory system	16.5% (223)	22.2% (341)	19.2% (23,738)	25.4% (104,719)

diagnosis. NAs accounted for 4,704 discharges; 45.6% were associated with a substance-use diagnosis. NAs comprised 0.52% of all discharges and 1.1% of all substance-use disorder discharges. A sizable proportion (40%) of substance-dependent NAs had two or more discharges from inpatient care in FY93. Their mean length of stay was 21.7, σ = 26.1 days. Nearly 16% of NA discharges were against medical advice (AMA). The comparable rate of discharge AMA for the total population of veterans with substance-use disorders was 13.0%. A majority (51.8%) of NAs with substance-use disorders who were at risk for readmission for at least 180 days in FY93 (n = 822) were rehospitalized within the fiscal year.

An important question is whether an average stay of 26 days is sufficient to address a population of substance users who are socially disadvantaged and frequently afflicted with medical and psychiatric disorders. Unfortunately, the national VA data base contains no treatment services data and no information pertaining to the quality of treatment.

DATSEP findings indicate that substance-use and comorbid psychiatric conditions are endemic in the population of NAs served by the VA. Efforts to prevent and treat these disorders require a detailed understanding of etiological influences.

ETIOLOGY OF SUBSTANCE-USE DISORDERS AND COMORBID CONDITIONS IN NATIVE AMERICANS

Among the many putative causes of NA substance-use and psychiatric disorders are stressors arising from acculturation experiences (Dawn, 1993), psychological factors, such as positive alcohol-related expectancies (Jones et al., 1984) and drinking-related locus of control (Mariano et al., 1989), and a genetically transmitted biological vulnerability to alcoholism. May (1991) noted that there is no compelling reason to assume that NAs are more biologically susceptible to the dependence-producing or physically-damaging effects of alcohol than other ethnic groups. Most theorists regard environmental factors as important predictors of NA substance-use and psychiatric distress. Whether the pathogenesis of substance-use and comorbid disorders in NAs differs qualitatively from the etiology of these disorders in other ethnic groups is unknown.

Results of the "Monitoring the Future" annual survey of high school seniors suggest that the high-risk profile of many NA children and adolescents results in relatively high rates of substance use by early adulthood (Johnston et al., 1991). Additional etiologic studies are needed to provide an empirical basis for prevention programs (Carpenter et al., 1985; Gilchrist et al., 1987; Schinke et al., 1988).

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TREATMENT ISSUES

Treatment of substance-using NAs within the VA is complicated by several factors. Booth et al. (1992b) reported that 10% of veterans admitted to inpatient treatment left prematurely. Kivlahan et al. (1985) noted the paucity of treatment outcome data for NA alcoholics and found detoxification and inpatient treatment largely ineffective in altering the drinking patterns of the 50 indigent urban NAs they studied. Similarly discouraging findings were reported by Westermeyer and Peaker (1983) and Westermeyer and Neider (1984).

The FY93 *Annual Report of the Secretary of Veterans Affairs* (Department of Veterans Affairs, 1993) identified improvement and expansion of health care for women veterans as a major priority. A similar agenda should be established for substance-dependent NAs and other ethnic minorities. DVA outreach efforts to "facilitate access and use of VA benefit programs" (Department of Veterans Affairs, 1993) are a step in this direction but have not been evaluated.

Several DVA programs incorporate traditional NA forms of healing into their treatment regimens. At the VAMC in St. Cloud, Minnesota, the 12-step approach of A.A. is combined with a traditional rite of purification, the "sweat lodge" or *onikane* (McAllister, 1991). Representatives of the St. Cloud program state that the program is thriving after more than 3 years of operation and that dozens of patients have completed the program.

Provision of culturally appropriate treatment services is critical to attracting NA veterans into treatment and to helping them address their substance-use and psychiatric disorders. Development and dissemination of instructional aids designed to increase clinicians' sensitivity to cultural issues is a priority of the new VA Center of Excellence for Substance Abuse Treatment and Education at the Seattle VAMC. One example of an effective didactic tool is the videotape, *Shadow of a Warrior*, produced by the Regional Learning Resource Center at the St. Louis, MO, VAMC. The tape was well received by the Indian groups involved in its creation and did much to acquaint ". . . VA mental health professionals with the needs of NA Vietnam veterans" (*The Vanguard*, 1987). *Shadow of a Warrior* stresses that many Indian tribes view military service as a sacred obligation.

The effects of culture on alcohol and drug treatment are undoubtedly multifaceted and interactive. Hill (1993) distinguished four types of NA families differing along a continuum of acculturation: reserve-based families, migratory native families, transitional native families, and bicultural native families. Most theorists, like Hill, contend that cultural differences should be considered in programming the treatment experiences of substance-dependent persons from different ethnic backgrounds. However, the manner in which culturally relevant

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information can and should be used to tailor treatment to individuals is not well understood.

DISCUSSION

Many historically important antecedents of contemporary NA life are found in the cultural upheaval affecting them in North America. As a group, NAs suffer disproportionately from the adverse sequelae of excessive drinking. However, little is known regarding the etiology and treatment of substance-use and psychiatric disorders among NAs. Moreover, investigation of these issues is complicated by the heterogeneity of the NA population and by the, often subtle, tendency to apply stereotypes in both clinical and research settings.

DATSEP findings indicate that substance use is endemic in the predominantly male, indigent population served by the VA. Rates of alcohol-use disorders are comparatively high among NA veterans relative to the general veteran population. However, with the exception of posttraumatic stress disorder, rates of all diagnosed psychiatric disorders are lower among NA veterans with substance-use disorders than among substance-dependent veterans in the general population.

Our findings should be interpreted with caution, given that we relied on physicians' diagnoses which have been shown in other contexts to underestimate the prevalence of substance-use disorders in hospitalized populations (Moore et al., 1993). Moreover, physicians' diagnoses may reflect systematic biases, although the direction of these potential biases is difficult to assess. Application of the "drunken Indian" stereotype would lead to overdiagnosis of alcoholism among NA veterans. It is also possible that physicians tend to diagnose psychiatric disorders more commonly among non-NAs than NAs. Cultural beliefs may modify symptom expression among NAs in manners that decrease the likelihood of detection.

Treatment completion data indicate that NAs entering addictions treatment are more likely than other ethnic groups to complete inpatient treatment (Booth et al., 1992b). This finding suggests that outreach efforts may be particularly fruitful with NA veterans although such efforts have rarely been attempted or evaluated. It is also possible that natural enclaves of NA veterans might be more effectively served using joint agreements between the Department of Veterans Affairs and other organizations.

Considerably more research is needed before any firm conclusions can be reached regarding the origins, natural history, and outcomes of NA substance-use and psychiatric disorders. At present, high rates of readmission for substance-dependent veterans, including NAs, suggest that more must be done to adequately address the needs of this socially disadvantaged and multiply disordered population.

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RESUMEN

Se ha presentado pocos estudios sobre trastornos por abuso de sustancias y condiciones comórbidas entre los indios americanos y los aborígenes de Alaska. Rara vez los indios americanos que han recibido tratamiento dentro del sistema de Administración de Veteranos de Guerra han constituido el foco de esfuerzos de investigación. Revisamos estudios epidemiológicos, etiológicos y de resultado de tratamientos que son relevantes para una evaluación de trastornos por abuso de sustancias entre los indios americanos y discutimos información que se relaciona específicamente con los indios americanos veteranos de guerra. Se detalla los resultados preliminares del Proyecto de Servicios de Tratamiento de la Drogadicción. A un porcentaje mucho más alto de indios americanos veteranos de guerra dados de alta del hospital donde se encontraban internados en el ejercicio fiscal 1993 se le diagnosticó al menos un trastorno por abuso de sustancias, en comparación con la población total de veteranos de guerra dados de alta en el mismo año (un 46,9% frente a un 23,0%). Se descubrió que se diagnosticaba con mayor frecuencia de desórdenes debidos al consumo de alcohol a los indios americanos con adicciones que a la población general de veteranos de guerra con adicciones. Se constató que los trastornos por abuso de drogas, en especial la cocaína, estaban menos generalizados entre los indios americanos que entre la población general de veteranos de guerra con adicciones. Con la sola excepción del trastorno por tensión postraumática, se vio que los trastornos psiquiátricos estaban menos generalizados entre los indios americanos con adicciones que entre la población total de veteranos de guerra adictos. Se ofrece posibles explicaciones para estos resultados y se esboza instrucciones para futuras investigaciones clínicas y desarrollo de programas.

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RÉSUMÉ

Peu d'études ont été communiquées sur les troubles causés par l'usage de la drogue et les conditions de co-morbidité parmi les Indiens d'Amérique et les indigènes de l'Alaska. Les Indiens d'Amérique traités dans le VA ont rarement fait l'objet d'efforts de recherche. Nous examinons les études épidémiologiques et étiologiques, ainsi que celles portant sur les résultats des traitements, qui ont permis de déterminer les troubles causés par l'emploi des drogues chez les Indiens d'Amérique, et nous discutons les données qui sont spécifiques aux anciens combattants indiens d'Amérique. Les résultats préliminaires recueillis par le Projet d'Evaluation des Services de Traitement de l'Abus des Drogues (DATSEP) sont fournis en détails. Une proportion considérablement plus élevée d'anciens combattants Indiens d'Amérique renvoyés des hôpitaux en 1993 a été diagnostiqué avec au moins un trouble causé par l'emploi de drogue, par rapport au nombre total d'anciens combattants (46,9% contre 23%), pendant la

même année. Parmi tous les anciens combattants dépendants de la drogue, les Indiens d'Amérique étaient plus enclins à être diagnostiqués avec des troubles causés par l'abus d'alcool que les autres. Les troubles causés par les drogues, en particulier l'abus de la cocaïne, étaient moins nombreux chez les Indiens d'Amérique que pour l'ensemble des anciens combattants touchés par l'abus des drogues. A l'exception des troubles causés par le stress post-traumatique, les affections psychiatriques étaient moins nombreuses parmi les abuseurs de drogues indiens d'Amérique que parmi le nombre total d'anciens combattants abusant des drogues. Des explications possibles pour ces découverts sont offertes et un plan est ébauché pour les directions à suivre dans les recherches cliniques et programmes futurs.

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