NCUIH Resource Highlights Substance Use Disorder and Opioid Crisis in Native Communities, Proposes Policy Solutions

Category: Policy Blog

written by Mary Jomia | October 28, 2025

The National Council of Urban Indian Health (NCUIH) has released a new resource on *Substance Use Disorder and Overdose in American Indian and Alaska Native Communities*. This resource highlights the urgent need for increased support and funding to address the disproportionate impact of substance use disorder (SUD) and overdose among American Indian and Alaska Native (AI/AN) people.

The Crisis:

Highest Overdose Death Rates:

70.4 per 100,000

In 2023, non-Hispanic
American Indian and Alaska
Native people had an overdose
death rate of 70.4 per 100,000
- the highest of any racial/
ethnic group (vs. U.S. overall:
33.5 per 100,000).1

Urban American Indian and Alaska Native People Disproportionately Affected:

44.3 per 100,000

In 2020, American Indian and Alaska Native people had the highest drug overdose death rates in both urban (44.3 per 100,000) and rural (39.8 per 100,000) counties - outpacing all other groups.²

Substance Use Disorders:

27.6%

of American Indian and Alaska Native People

In 2021, 27.6% of American Indian and Alaska Native people (12+) had a Substance Use Disorder (vs. 17.2% of Black, 17% of White, 15.7% of Hispanic, and 8% of Asian people).³

Treatment Gap:

5.3% Receive Treatment

Among American Indian and Alaska Native people needing treatment in 2021, only 5.3% received any treatment and just 3.7% received specialty care - the largest gap of all racial/ethnic groups.4

AI/AN communities continue to face the highest overdose death rates in the nation. Urban Indian Organizations (UIOs) are essential providers of culturally grounded prevention, treatment, and recovery services. However, they face persistent challenges, including limited resources, data access, and sustainable funding. The new resource provides key data, outlines barriers to care, and recommends policy solutions to strengthen UIOs' ability to respond to this public health crisis.

Policy Solutions:

Fund the Behavioral Health and Substance Use Disorder Resources for Native Americans (BHSUDRNA) Program

Congress authorized the Behavioral Health and Substance Use Disorder Resources for Native Americans (BHSUDRNA) Program in the Consolidated Appropriations Act, 2023, to provide services for the prevention of, treatment of, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians.

- Authorized Funding: \$80 million for each of Fiscal Years (FY) 2023-2027.
- Problem: No funds have been appropriated.
 - The President's FY 2026 budget requested that \$80 million be appropriated for this program. The House and Senate did not include this program in their FY 2026 appropriations bills.

▶ Call to Action for Congress: Fully fund the BHSUDRNA Program at the authorized \$80 million per year. This investment will save lives, reduce health disparities, and strengthen culturally grounded prevention and recovery in both tribal and urban American Indian and Alaska Native communities.

Continuing Support for Tribal Behavioral Health Grants (Native Connections)

Native Connections is a five-year grant program that helps AI/AN communities identify and address the behavioral health needs of Native youth. The Native Connections grant program supports grantees in: reducing suicidal behavior and substance use among Native youth up to age 24; easing the impacts of substance use, mental illness, and trauma in tribal communities; and supporting youth as they transition into adulthood.

The Tribal Behavioral Health Grants line item in the Labor, Health and Human Services, Education, and Related Agencies appropriations bill funds the Native Connections program. Currently there are 12 UIOs who are active recipients.

- Appropriations Status: Congress has maintained funding for this program in the proposed FY 2026 appropriations bills in each chamber. The Senate has proposed maintaining funding at the current level of \$23.67 million. The House has proposed increasing funding to \$30 million.
- ▶ Call to Action for Congress: Support the House FY 2026 proposed funding increase to \$30 million for the program.