

# Illicit Drug Use Dips in Youth, Spikes in Boomers

BY JEFF EVANS  
Senior Writer

WASHINGTON — The rate of illicit drug use in adolescents and young adults stayed relatively steady in 2007, showing mild decreases in use for many drugs.

But drug use continues to be carried into older age by baby boomers, especially those aged 55-59 years, which more than doubled its rate of illicit drug use during 2002-2007, according to the results of the 2007 National Survey on Drug Use and Health.

The increase might partly reflect the aging of baby boomers, who have had higher lifetime rates of illicit drug use than did those in older age groups, according to Eric B. Broderick, D.D.S., acting administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA).

"While the survey results demonstrate that as a nation we are moving in the right direction, they also show how much work remains to be done to confront drug use and drug users in an honest and direct way," Dr. Broderick said at a press briefing sponsored by SAMHSA.



Compared with the 2002 survey data, in the current survey, youth aged 12-17 years reported declining use of nearly every type of illicit drug, as well as alcohol, cigarette smoking, and nonmedical use of prescription drugs, particularly pain relievers. Young adults aged 18-25 years had significant declines in hallucinogens and methamphetamine use, but their nonmedical use of prescription drugs rose (see graphic).

The survey measured a sample of nearly 68,000 in the general U.S. civilian population, aged 12 years or older. The methodology was improved in 2002, when the survey name was changed from the National Household Survey on Drug Abuse.

For 2006-2007, individuals aged 18-25 years reported significant decreases in the use of cocaine by 23% (from 2.2% to 1.7%) and the use of methamphetamine by 33% (from 0.6% to 0.4%). This trend may be attributable to lower rates of use by teenagers who have now aged into young adulthood, as well as substantial disruption of the markets for both drugs over the past 18 months, said John P. Walters, director of the Office of National Drug Control Policy.

Mr. Walters thought that if the current

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MR. WALTERS

## Percentage of Substance Use in the Past Month

	12-17 yr		18-25 yr	
	2002	2007	2002	2007
Alcohol	17.6	15.9	51.0*	50.7*
Tobacco products	15.2	12.4	45.3	41.8
Any illicit drug	11.6	9.5	20.2	19.7
Nonmedical use of Rx drugs	4.0	3.3	5.5	6.0

\*Data are for young adults aged 18-20 years.

Notes: 2002 was the first year in which the revised NSDUH data were used. Sample includes nearly 68,000 individuals.

Source: SAMHSA

generation of adolescents and young adults have less exposure to drugs, then fewer of them will use drugs later in life.

The current spike in illicit drug use by individuals aged 55-59 years, from 1.9% in 2002 to 4.1% in 2007, shows that past drug use from the baby boomer population has carried on later into life, compared with the significantly lower rates of use seen in previous generations in that age group.

An estimated 23.2 million people needed treatment for substance abuse or dependence in 2007, but only 2.4 million people received treatment at a specialty facility. Of the remaining 20.8 million who did not receive care, nearly 94% felt that they did not need treatment. The large number of people who do not feel they need treatment "is

something we absolutely need to change," Dr. Broderick said.

He said that while intervention initiatives have been successful in some programs, opportunities for care will continue to be lost "unless we focus on the full continuum of care and treat substance abuse with the same urgency that we treat other health conditions." Dr. Broderick suggested that one way to make this happen could be in strengthening the integration of substance use and behavioral health services into the primary care system.

Dr. Broderick cited SAMHSA's Screening, Brief Intervention, and Referral to Treatment (SBIRT) program as a successful example of intervening early and integrating care across disciplines. ■

## Cognitive-Behavioral Therapy Backed for PTSD in Children

BY FRAN LOWRY  
Orlando Bureau

Only cognitive-behavioral therapy, of all the major interventions being used to reduce psychological harm in children and adolescents who have witnessed or been victims of trauma or violence, has strong evidence to show it is effective, according to a review.

Evidence was scant for the effectiveness of play therapy, art therapy, psychodynamic therapy, pharmacologic therapy, or psychological debriefing, which were also reviewed—in reducing depressive disorders, posttraumatic stress disorder (PTSD), anxiety and other adverse sequelae in this population, said Holly R. Wethington, Ph.D., and associates of the task force on community preventive services at the Centers for Disease Control and Prevention.

For the report, electronic searches for literature used databases including Medline and PsycINFO, and looked for articles written in English on the particular treatments up to March 2007. Types of trauma included physical or sexual abuse, community violence, suicide of a family member, juvenile cancer and treatment, traffic accidents, and natural disasters. Eleven studies were deemed appropriate for consideration for individual



cognitive-behavioral therapy (CBT) and 10 for group CBT. Four studies were identified for play therapy, one for art therapy, two each for psychodynamic and pharmacologic therapy, and one for psychological debriefing (Am. J. Prev. Med. 2008;35:287-313).

Task force member Robert A. Hahn, Ph.D., said that children and adolescents in the United States are exposed to multiple trauma rates that were surprising to him because they were so high. It is important that

physicians treat these children appropriately, with therapy that is effective. "Except for cognitive-behavioral therapy, the evidence was lacking for all the other interventions we reviewed, even for pharmaceutical therapy, which is important because it is used by many psychiatrists," he said.

A "major challenge is that children and adolescents who have been traumatized and may need treatment for PTSD or other psychological conditions generally do not receive that treatment," according to the task force.

The task force recommended that children and teens be screened, lest their trauma symptoms go undetected. The work of Dr. Wethington and two other members of the task force was supported by funding from the Oak Ridge Institute for Science and Education. ■

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DR. HAHN

## Trends in Teen Sexual Risk Behavior Veer From Positive

BY SUSAN LONDON  
Contributing Writer

MEXICO CITY — Some of the favorable trends in sexual risk behaviors achieved among U.S. adolescents in recent decades appear to be stalling, particularly in certain subgroups, according to a study reported at the International AIDS Conference.

"The purpose of this study was to examine changes in sexual risk behaviors among high school students" in the United States from 1991 to 2007, said lead author Laura Kann, Ph.D., an investigator with the Centers for Disease Control and Prevention in Atlanta.

She and colleagues analyzed data from the National Youth Risk Behavior Survey, a biennial survey that measures levels of priority health risk behaviors among nationally representative samples of public and private school students primarily aged 14-17 years. The questionnaires are anonymous, voluntary, and self-administered.

"To identify possible disparities and secular trends, we looked at five subgroups of students," Dr. Kann explained: female, male, white, black, and Hispanic. The number of adolescents sampled for each of the 9 survey years ranged from 10,904 to 16,296.

Results indicated that the percentage of adolescents who reported that

they had ever had sex decreased significantly between 1991 and 2007 overall (from 54% to 48%), as well as among the female, male, white, and black subgroups individually, Dr. Kann reported. However, further analysis showed that the downward trend actually ended among males in 1997 and among blacks in 2001. Moreover, there was no change in this behavior among Hispanic adolescents.

The percentage of adolescents who had had sex with at least four partners also fell significantly, both overall (from 19% to 15%) and among female, male, white, and black adolescents individually. But the prevalence of this behavior ceased falling among males in 1997, and again, there was no change among Hispanic teens.

The prevalence of current sexual activity declined significantly among the study population as a whole (from 38% to 35%) and also among black adolescents, according to Dr. Kann. In contrast, it remained constant among all of the other subgroups.

Finally, the percentage of sexually active adolescents who used a condom at last intercourse increased significantly during the study period (from 46% to 62%), but further analysis showed no change from 2003 onward. Dr. Kann reported that she had no conflicts of interest. ■