

The NSDUH Report

May 3, 2007

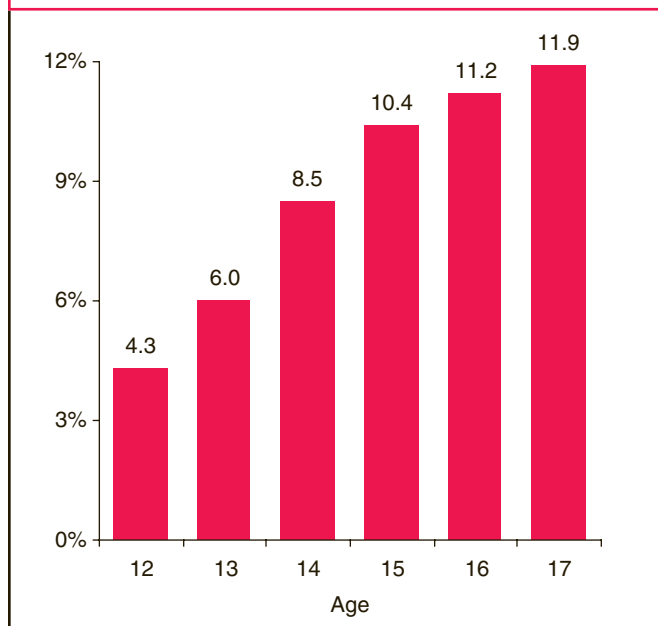
Depression and the Initiation of Alcohol and Other Drug Use among Youths Aged 12 to 17

In Brief

- In 2005, 8.8 percent of youths aged 12 to 17 (2.2 million persons) experienced at least one major depressive episode (MDE) in the past year
- Among youths aged 12 to 17 who were at risk for alcohol initiation (i.e., those who had never used alcohol previously), those who experienced a past year MDE were twice as likely to have initiated alcohol use in the past year as those who did not have a past year MDE (29.2 vs. 14.5 percent)
- Among youths who were at risk for illicit drug initiation, those who experienced a past year MDE were over twice as likely to have initiated use of an illicit drug as those who had not experienced an MDE in the past year (16.1 vs. 6.9 percent)

Research has shown that there is a strong association between mental health disorders and substance use disorders, but findings about the order of onset and direction of influence vary by substance and type of disorder.¹ There is strong evidence, for example, that alcohol abuse can be a contributing factor to the development of depression,¹ but more typically the mental condition occurs prior to the substance use disorder.² Associations also exist between mental disorders and substance use behaviors that do not meet the criteria for substance use disorders. For example, research suggests that adults and adolescents with major depressive episode (MDE) in the past year were more likely than those without MDE to have used alcohol heavily³ or to have used an illicit drug in the past year.⁴

The National Survey on Drug Use and Health (NSDUH) includes questions for youths aged 12 to 17 to assess lifetime and past year MDE. For these estimates, MDE is

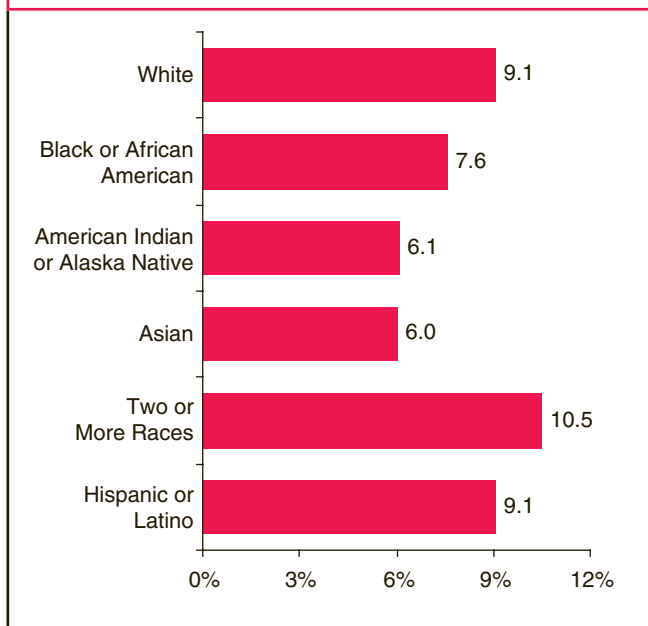
Figure 1. Prevalence of Past Year Major Depressive Episode among Youths Aged 12 to 17, by Age: 2005

Source: SAMHSA, 2005 NSDUH.

defined using the diagnostic criteria set forth in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,⁵ which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.⁶

NSDUH also asks youths aged 12 to 17 to report on their use of alcohol and illicit drugs in their lifetime and in the past year. *Illicit drugs* refer to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.⁷ Respondents who reported use of a given substance were asked when they first used it;⁸ responses to these questions were used to identify persons at risk for substance use initiation (i.e., persons who had not ever used the substance prior to the 12 months preceding the survey) and to identify recent initiates (i.e., persons who used the substance for the first time in the 12 months prior to the survey). In 2005 among youths aged 12 to 17, past year initiates accounted for 29.8 percent of all past year illicit drug users and 32.5 percent of past year alcohol users.

This report examines past year MDE, past year initiation of alcohol and illicit drug use, and the association between MDE and the initiation of alcohol or other drug use in the past year among youths aged 12 to 17. All findings presented in this report are based on 2005 NSDUH data.

Figure 2. Prevalence of Past Year Major Depressive Episode among Youths Aged 12 to 17, by Racial/Ethnic Group*: 2005

Source: SAMHSA, 2005 NSDUH.

Past Year Major Depressive Episode

In 2005, 8.8 percent of youths aged 12 to 17 (2.2 million persons) experienced at least one MDE in the past year. Females were 3 times as likely as males to have a past year MDE (13.3 vs. 4.5 percent). Rates of past year MDE varied by age, with youths aged 17 having the highest rate of past year MDE (11.9 percent) and those aged 12 having the lowest rate (4.3 percent) (Figure 1). Rates of past year MDE were relatively similar across racial/ethnic groups (Figure 2).

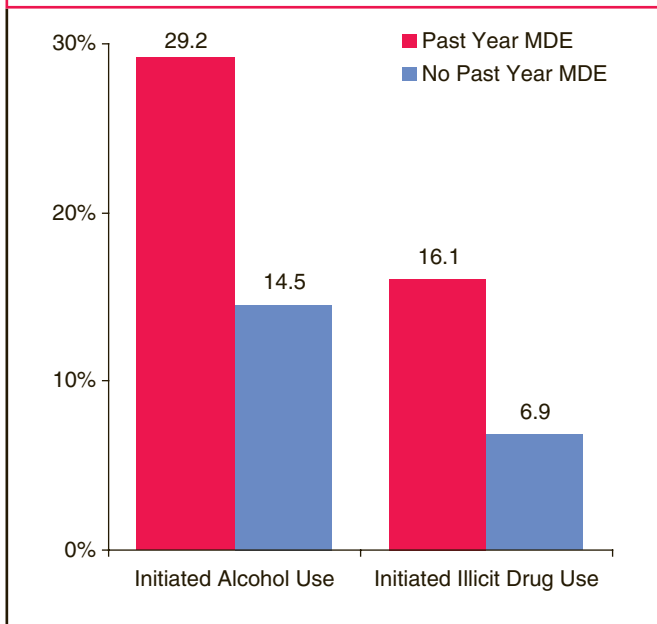
Initiation of Alcohol and Illicit Drug Use in the Past Year

The 2005 NSDUH indicates that 2.7 million youths aged 12 to 17 were past year initiates of alcohol use, representing 15.4 percent of youths who were at risk for initiation of alcohol use. An estimated 1.5 million youths were past year initiates of illicit drug use, which represents 7.6 percent of youths at risk for initiation of illicit drug use.

Major Depressive Episode and Substance Use Initiation in the Past Year

Past year MDE was associated with substance use initiation in the past year. Among youths aged 12 to 17 who had not previously used alcohol, those who experienced a past year

Figure 3. Percentages Reporting Past Year Substance Use Initiation among Persons Aged 12 to 17 Who Were at Risk for Substance Use Initiation, by Past Year Major Depressive Episode (MDE): 2005**



Source: SAMHSA, 2005 NSDUH.

MDE were twice as likely to have initiated alcohol use in the past year as those who had not experienced a past year MDE (29.2 vs. 14.5 percent) (Figure 3). Similarly, among youths who had not previously used an illicit drug, those who experienced a past year MDE were over twice as likely to have initiated use of an illicit drug in the past year as those who had not experienced a past year MDE (16.1 vs. 6.9 percent).

This pattern was relatively consistent across drugs. Table 1 provides a comparison of drug-specific initiation rates among youths at risk for initiation between those who experienced a past year MDE and their counterparts who had not experienced a past year MDE. For example, among youths who had not previously used marijuana, those with a past year MDE were more than twice as likely as their counterparts with no past year MDE to initiate use of marijuana in 2005.

End Notes

- ¹ Jane-Llopis, E., & Matysina, I. (2006). Mental health and alcohol, drugs and tobacco: A review of the comorbidity between mental disorders and the use of alcohol, tobacco and illicit drugs. *Drug and Alcohol Review, 25*, 515-536.
- ² Kessler, R. C., Nelson, C. B., McGonagle, K. A., Edlund, M. J., Frank, R. G., & Leaf, P. J. (1996). The epidemiology of co-occurring addictive and mental disorders: Implications for prevention and service utilization. *American Journal of Orthopsychiatry, 66*(1), 17-31.
- ³ NSDUH defines *heavy alcohol use* as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on each of 5 or more days in the past 30 days.

Table 1. Percentages Reporting Past Year Substance Use Initiation among Youths Aged 12 to 17 Who Were at Risk for Substance Initiation, by Past Year Major Depressive Episode (MDE): 2005**

Drug Group	Past Year MDE	No Past Year MDE
Marijuana	11.1	4.7
Cocaine/Crack	2.3	1.0
Heroin***	0.4	0.0
Hallucinogens	4.5	1.3
Inhalants	6.9	2.2
Nonmedical Use of Pain Relievers ⁴	8.6	2.8
Nonmedical Use of Tranquilizers ⁴	2.4	1.0
Nonmedical Use of Stimulants ⁴	3.4	0.8
Nonmedical Use of Sedatives ⁴	1.1	0.1

Source: SAMHSA, 2005 NSDUH.

⁴ Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁵ American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

⁶ In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.

⁷ NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. *Nonmedical use* is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.

⁸ Respondents whose age at first use was equal to or 1 year less than their current age were asked to indicate the month in which they initiated their use of that drug.

Figure and Table Notes

* Estimates for Native Hawaiians or Other Pacific Islanders are not displayed because of low precision.

** Persons at risk for substance use initiation are defined as individuals who had not ever used the substance prior to the 12 months preceding the survey.

*** Past year heroin use among youths with no MDE value rounds to zero.

+ See End Note 7.

Suggested Citation

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Research findings from the SAMHSA 2005 National Survey on Drug Use and Health (NSDUH)

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- Among youths who were at risk for illicit drug initiation, those who experienced a past year MDE were over twice as likely to have initiated use of an illicit drug as those who had not experienced an MDE in the past year (16.1 vs. 6.9 percent)

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2005 data used in this report are based on information obtained from 22,534 youths aged 12 to 17. 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 NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this report is available in the following publication:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, 2004, and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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