



Adolescent Behavioral Health In Brief

A Short Report from the Office of Applied Studies



Adolescence (12 to 17 years) is a critical and vulnerable stage of human development, during which males and females experience different biological, social, and cognitive changes. During this life stage, millions of adolescents experiment with substance use and engage in behaviors that can affect healthy neurological and psychological development.

Understanding the behavioral health differences between adolescent males and females can help to inform public health policy and build prevention and intervention programs that strategically target the different needs of adolescent males and females.

Highlights: Adolescents in the United States

- Approximately 2.6 million (10.4 percent) adolescents nationwide used an illicit drug in the past month; 1,825,000 (7.2 percent) used marijuana, and 1.3 million (5.2 percent) used an illicit drug other than marijuana.
- Rates of great perceptions of risk associated with substance use were significantly higher for females than males.
- Rates of current alcohol use, illicit drug use other than marijuana, past-month cigarette use, past-year nonmedical use of pain relievers, and major depressive episodes (MDEs) were significantly higher for females than males.

This report provides a snapshot of behavioral health among adolescents in the United States. National-level data on behavioral and cognitive differences between U.S. adolescent males and females is provided in a separate report entitled, *Adolescent Behavioral Health in the United States*, and is referenced at the end of this report.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

- Rates of past-month binge drinking, past-month marijuana use, and past-month use of any tobacco product were significantly higher for males than females.
- Rates of unmet need for past-year alcohol treatment were significantly higher for females than males.

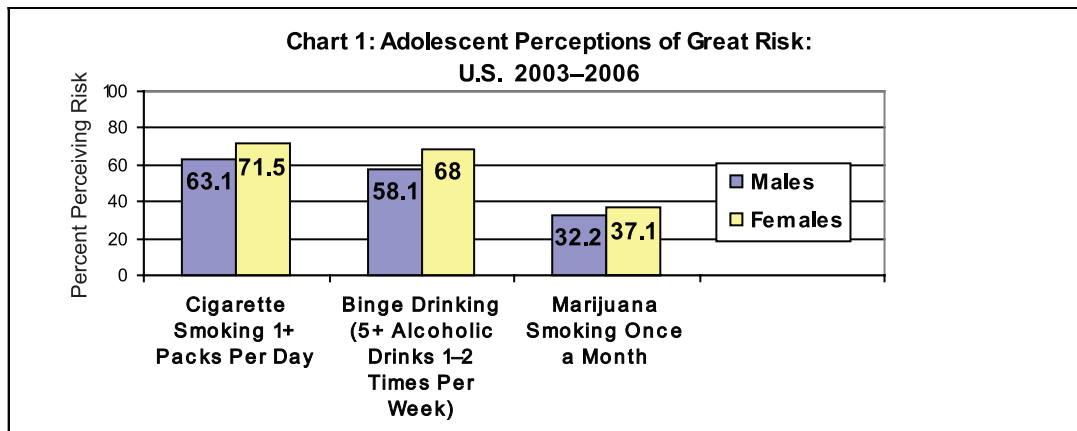
The data described in the Adolescent Behavioral Health reports derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental Health Services Administration. Sources for all data used in this report appear at the end.

Adolescent Risk Perceptions

One factor that can influence if youths will use tobacco, alcohol, or illicit drugs is the extent to which youths believe these substances might cause them harm. The National Survey on Drug Use and Health (NSDUH)¹ asks respondents how much they thought people risk harming themselves physically and in other ways when they use various substances in certain amounts or frequencies.

Combined 2003–2006 NSDUH revealed that nationwide adolescents perceive:

- Smoking one or more packs of cigarettes per day is a greater risk than binge drinking once or twice a week.
- Binge drinking once or twice a week is perceived to be more risky than smoking marijuana once a month.
- The rates of the perception of risk associated with these behaviors are significantly higher for adolescent females than for adolescent males (Chart 1).



Source: NSDUH 2003–2006.

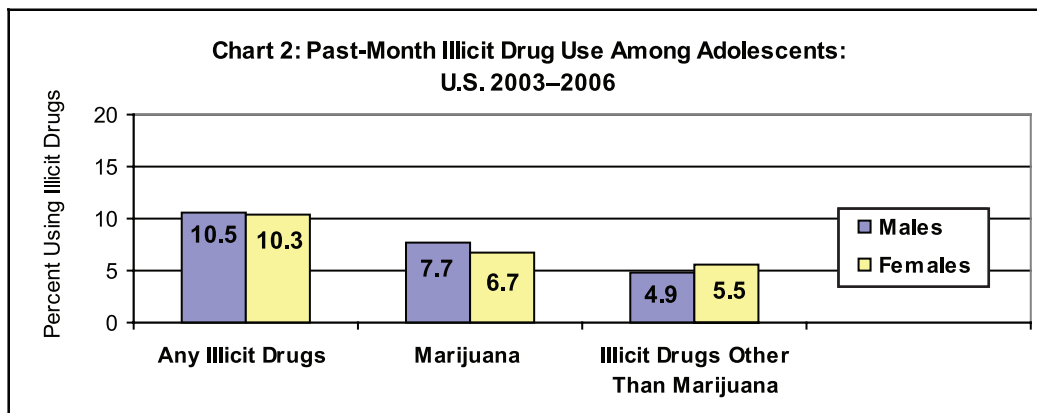


UNITED STATES

Illicit Substance Use²

Marijuana is the most commonly used illicit drug in the United States.³ According to the combined 2003–2006 NSDUH:

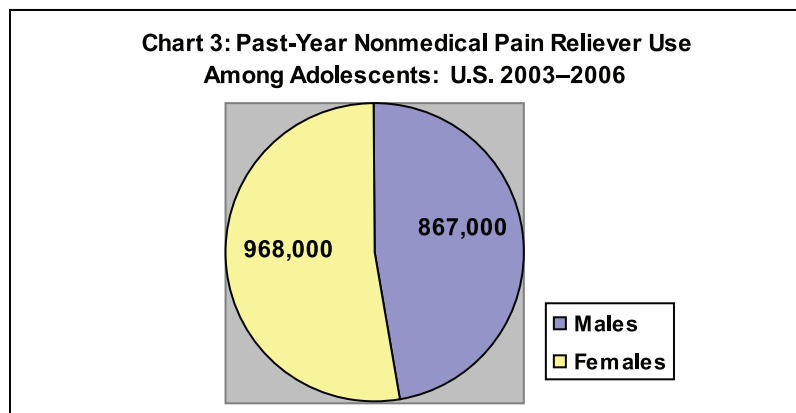
- Approximately 2.6 million (10.4 percent) of the 25,239,000 adolescents nationwide used an illicit drug in the past month; 1,825,000 (7.2 percent) used marijuana, and 1.3 million (5.2 percent) used an illicit drug other than marijuana (Chart 2).
- Rates for illicit drug use other than marijuana were significantly higher for adolescent females than males and significantly lower than males for past-month marijuana use.



Source: NSDUH 2003–2006.

The misuse of pain relievers is also a major public health concern.⁴

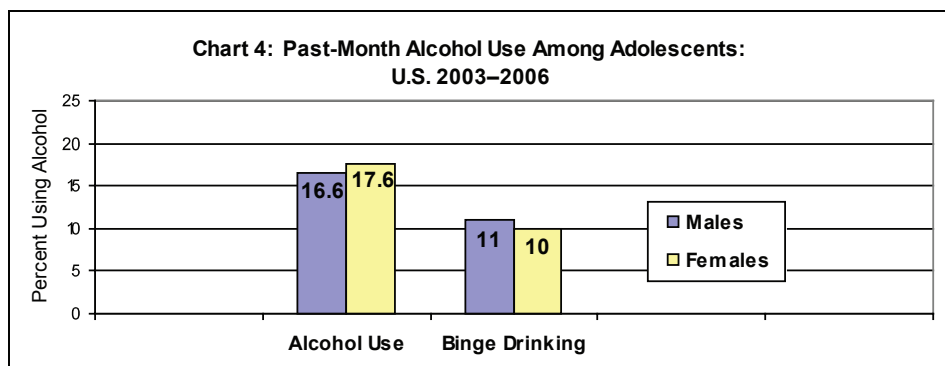
- In the United States, 867,000 adolescent males and 968,000 adolescent females used pain relievers nonmedically in the 12 months prior to the interview (Chart 3).
- Rates for past-year nonmedical pain reliever use were significantly higher for adolescent females than for adolescent males (7.8 v. 6.7 percent).



Source: NSDUH 2003–2006.

Adolescent Alcohol Use and Abuse in the United States

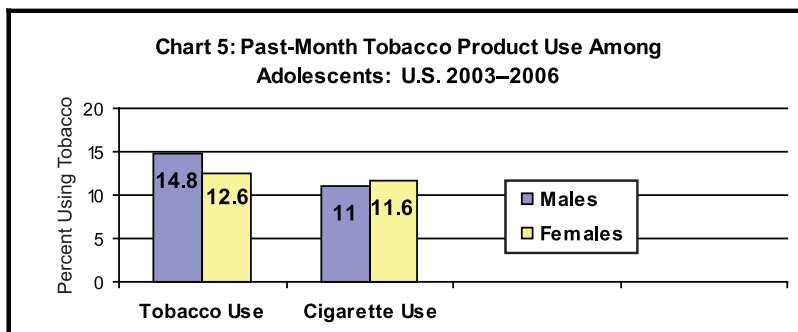
- 17.1 percent (4,318,000) of adolescents used alcohol in the past month, and 10.5 percent (2,645,000) engaged in binge drinking. Binge drinking is defined as 5 or more drinks on the same occasion on at least 1 day of past 30 days.
- Rates of current alcohol use were significantly higher for females than males, and rates of past-month binge drinking were significantly higher for males than females; 16.6 percent of males and 17.6 percent of females currently used alcohol and 11.0 percent of males and 10.0 percent of females engaged in binge drinking in the month prior to the interview (Chart 4).



Source: NSDUH 2003–2006.

Adolescent Tobacco Use

- During the month prior to the interview, in the United States, over 1.5 million adolescent females and nearly 2 million adolescent males used any form of tobacco, and nearly 3 million adolescent males and females used cigarettes.
- Rates of past-month tobacco use behaviors were also significantly different between adolescent males and females nationwide.
- Overall, rates of any tobacco use were significantly higher among adolescent males (14.8 percent) than adolescent females (12.6 percent).
- Rates of cigarette use were significantly higher among adolescent females (11.6 percent) than adolescent males (11.0 percent) (Chart 5).



Source: NSDUH 2003–2006.

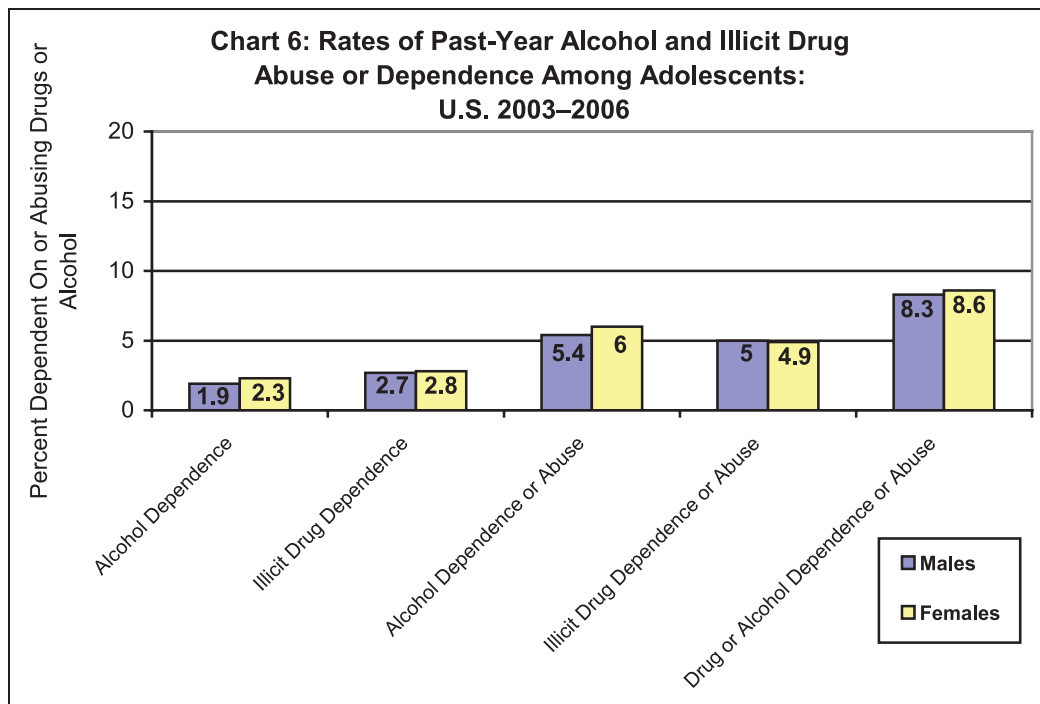


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Adolescent Alcohol and Illicit Drug Dependence or Abuse⁵

According to the 2003–2006 NSDUH:

- Nationwide nearly 1.5 million adolescents were dependent on or abused alcohol in the past year and more than 1.2 million adolescents were dependent or abused illicit drugs.
- Overall, the rates of past-year alcohol dependence and rates of past-year alcohol abuse or dependence were significantly higher for adolescent females than for adolescent males (Chart 6).



Source: NSDUH 2003–2006.

ADOLESCENT SUBSTANCE ABUSE TREATMENT

State treatment data for substance use disorders are derived from two primary sources:

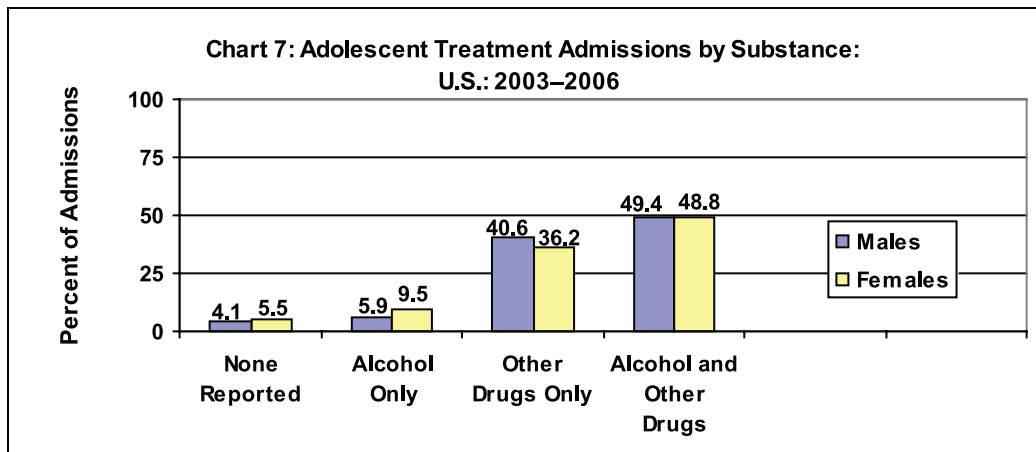
(1) National Survey of Substance Abuse Treatment Services (N-SSATS),⁶ an annual 1-day census of clients in treatment and (2) the Treatment Episode Data Set (TEDS),⁷ which provides information on annual treatment admissions.

According to the 2006 N-SSATS survey:

- The United States showed a 1-day total of 1,130,881 clients in treatment, the majority of whom (1,008,915 or 89.2 percent) were in outpatient treatment. Of the total number of clients in treatment on this date, 91,873 (8.1 percent) were under the age of 18.

According to 2003–2006 TEDS data:

- Adolescent males accounted for 69.6 percent (414,304) of the 595,333 total adolescent substance abuse treatment admissions.
- Of the total male admissions, 40.6 percent were drug treatment admissions, 49.4 percent were alcohol and drug treatment, 5.9 percent were alcohol treatment, and 4.1 did not report type of treatment.
- Of the total adolescent female admissions, 36.2 percent were drug treatment, 48.8 percent were alcohol and drug treatment, 9.5 percent were alcohol treatment, and 5.5 did not report type of treatment (Chart 7).



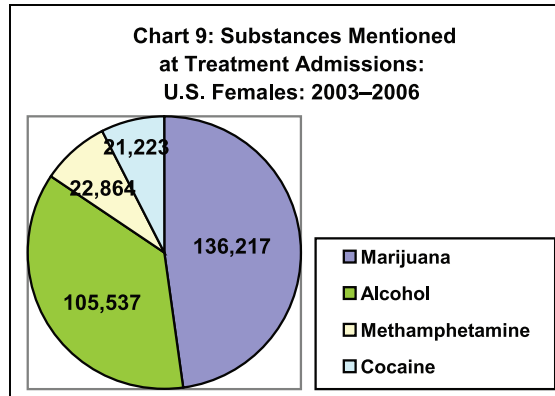
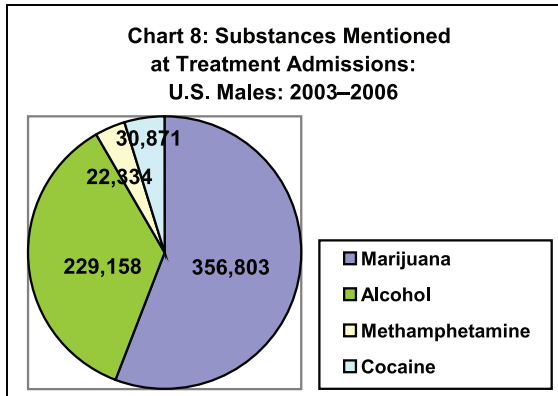
Source: TEDS 2003-2006.

Among adolescent admissions, marijuana and alcohol were the most prevalent substances of abuse.

- Of the total adolescent male admissions, 86.1 percent (356,803) reported marijuana use and 55.3 percent (229,158) reported alcohol use.
- Of the total adolescent female admissions, 75.2 percent (136,217) percent reported marijuana use and 58.3 percent (105,537) reported alcohol use.
- Further, 7.6 percent (45,198) of the total adolescent admissions reported methamphetamine use, 5.4 percent (22,334) of male admissions and 12.6 percent (22,864) of female admissions. 8.8 percent (52,094) of total admissions reported cocaine use, 7.5 percent (30,871) of male admissions and 11.7 percent (21,223) of female admissions (Charts 8 and 9).



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Source: TEDS 2003–2006.

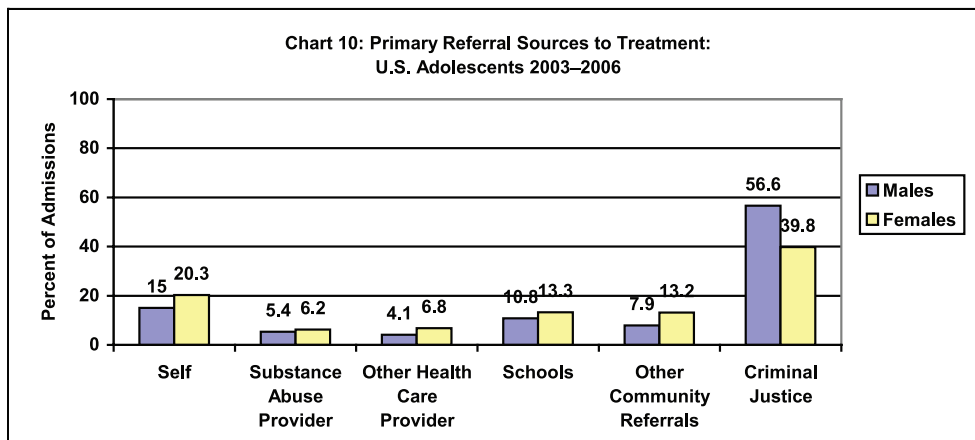
Primary Referral Sources to Treatment for Adolescents

TEDS collects data on referral sources to treatment for adolescents. On average, trends from 2003–2006 in TEDS show the following.

- Overall, the court systems/criminal justice is the leading referral source to treatment for adolescents (51.5 percent) followed by individual/self-referrals (16.6 percent), schools (11.6 percent), and other community referrals (9.5 percent).

Although primary referral sources for adolescent male and female admissions follow similar patterns, percentages of referral sources vary between males and females.

- The criminal justice system accounted for 56.6 percent of adolescent male treatment referrals and 39.8 percent of adolescent female treatment referrals.
- Self-referrals accounted for 15.0 percent of referrals for adolescent male admissions and 20.3 percent of adolescent female admissions.
- School referrals accounted for 10.8 percent of referrals for adolescent male admissions and 13.3 percent of adolescent female admissions, and other community referrals accounted for 7.9 percent of male referrals and 13.2 percent of female referrals (Chart 10).



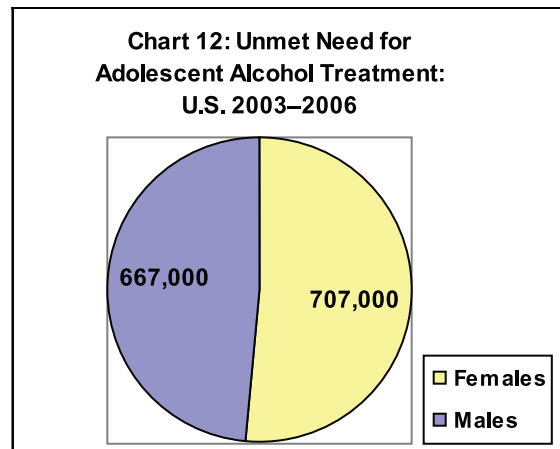
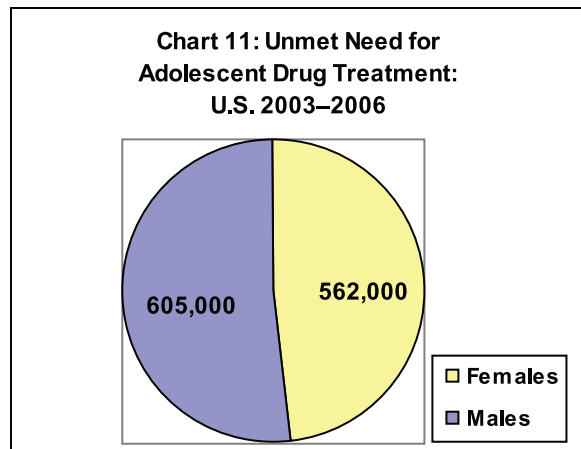
Source: TEDS 2003–2006.

UNMET NEED FOR SUBSTANCE ABUSE TREATMENT

NSDUH 2003–2006 estimates that more than 1.16 million adolescents needed but did not receive treatment for illicit drug problems and more than 1.3 million needed but did not receive treatment for alcohol problems. NSDUH defines “unmet treatment need” as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), but who has not received specialty treatment for that problem in the past year.

In 2003–2006,

- There were no significant differences in rates of the unmet need for past-year drug treatment, but rates of unmet need for past-year alcohol treatment were significantly higher for adolescent females than males.
- 605,000 (4.7 percent) adolescent males and 562,000 (4.6 percent) adolescent females needed but did not receive treatment for past-year drug problems (Chart 11).
- 667,000 (5.2 percent) adolescent males and 707,000 adolescent females (5.7 percent) needed but did not receive treatment for past-year alcohol problems (Chart 12).



Source: NSDUH 2003–2006.



ADOLESCENT MENTAL HEALTH

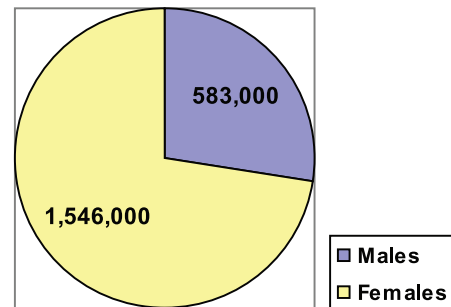
Major Depressive Episodes

NSDUH uses the DSM-IV to define a “major depressive episode” as a period of 2 or more weeks during which the individual experiences loss of interest, depressed mood, or loss of pleasure, and four or more additional symptoms.

From 2004–2006, approximately 24,899,000 adolescents lived in the United States; 12,740,000 males and 12,158,000 females.

- MDEs impacted more than 2.1 million adolescents nationwide in the year prior to the 2004–2006 NSDUH surveys.
- Overall, adolescent females were almost three times more likely than adolescent males to experience a past-year MDE (12.7 v. 4.6 percent) (Chart 13).

Chart 13: Past-Year Major Depressive Episodes:
U.S. Adolescent Males and Females



Source: NSDUH 2004–2006.

For Further Information

Adolescent Behavioral Health in the United States:

Full Report is available at:

<http://www.samhsa.gov/statesinbrief/>

A comprehensive listing of all NSDUH measures for every State is available at:

<http://oas.samhsa.gov/statesList.cfm>.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures within each State is available at:

<http://oas.samhsa.gov/metro.htm>.

Data Sources

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS)–2006 is available at: <http://www.dasis.samhsa.gov>.

Center for Mental Health Services Uniform Reporting System Output Tables 2006 is available at: <http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>.

Substance Abuse Treatment Data: Treatment Episode Data Set–Concatenated File–is available from the Substance Abuse and Mental Health Data Archive: <http://www.icpsr.umich.edu/SDA/SAMHDA>.

Mental Health Treatment Data: Center for Mental Health Services Uniform Reporting System Output Tables 2006 is available at: <http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>.

¹NSDUH is directed by the Substance Abuse and Mental Health Services Administration and provides information on the incidence and prevalence of substance use in the population and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, perceptions of risk and availability, and mental health issues. Since 1999, the NSDUH sample has been designed to provide State-level estimates, based on about 67,500 respondents per year.

²NSDUH defines “illicit drugs” to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. “Nonmedical” use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Non-medical use of stimulants includes methamphetamine use.

³Substance Abuse and Mental Health Services Administration. (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

⁴The White House, Executive Office of the President (2009). *National Drug Control Policy: 2009 Annual Report* (Chapter 1). [Available at: <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs09/chapter1.pdf>]

⁵Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) (American Psychiatric Association, 1994).

⁶The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: nontreatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁷TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions. TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.