

# Teen Drug Use Has Changed Little Since 1970s

*Genetics, environment, nature of drug determine number of new users who become dependent.*

BY ERIK GOLDMAN  
Contributing Writer

NEW YORK — The number of teenagers who experiment with recreational drugs is nearly the same as it was during its peak years in the early 1970s, reported James Anthony, Ph.D., at the annual conference of the Association for Research in Nervous and Mental Disease.

Dr. Anthony, who is chairman of the department of epidemiology at Michigan State University, East Lansing, said the trend in the past decade has been approximately 2.5 million new teenage cannabis users each year, an almost identical number as was seen in the early 1970s.

The number of people under the age of 18 years in the United States is also nearly identical to the figure from the early 1970s.

Abuse of prescription drugs such as stimulants, pain relievers, and sedatives appears to be even more common now than it was during the height of the post-1960s "drug culture" era, he noted at the conference, cosponsored by the New York Academy of Medicine.

So much for "Just say no."

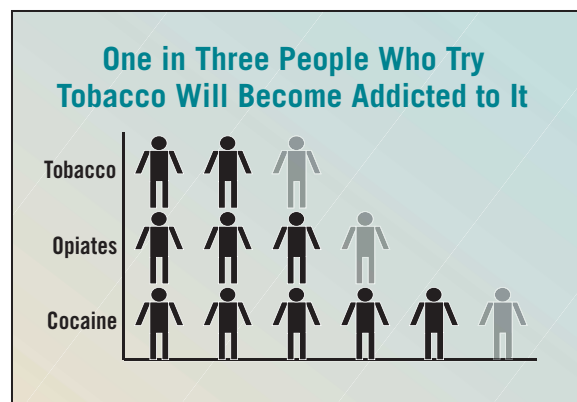
From a public health viewpoint, the important issue is not so much the absolute number of young people who try recreational drugs but the number of new users of those drugs who ultimately become dependent on them. This "conversion" rate from initial

use to addiction is influenced by genetics, environmental factors, and most importantly, the nature of the drug itself. The statistics suggest that different substances have very different conversion rates.

According to data from the National Survey on Drug Use and Health (former-

ly the National Household Survey on Drug Abuse) and the National Comorbidity Survey databases, tobacco is by far the most addictive of the commonly abused substances. One in three individuals who tries tobacco will ultimately become dependent on it. Opiates are a close second, with one in four initial users becoming addicted. Crack and cocaine are next, inducing dependence in one in five and one in six first-time users, respectively. Alcohol causes dependence in one in seven to eight initial users, and stimulants cause dependence in one in nine. For cannabis, the figure is between 1 in 9 and 1 in 11.

Though many drug-avoidance programs that are aimed at teenagers identify cannabis as the "gateway" drug that leads young people to hard drug use, the statistics suggest that it is tobacco that really should carry that distinction, Dr. Anthony said. Dr. Anthony estimated that there are roughly 4.6 million actively drug-



dependent individuals in the United States, and the vast majority go untreated for many years. Most people who do enter drug treatment programs have been drug dependent for an average of 10 years. In addition to alcohol and tobacco, cocaine is a major contributor to the problem.

"With cocaine, approximately 30% of the general population has the opportunity to try it, but only 50% of those who have the opportunity will try it. For cannabis, 85% of the population has the chance to try it, and 75% end up trying it," he said.

Drug use and dependence patterns vary considerably from state to state. For example, estimates of the number of active adult cocaine users vary from 1.8% to 4%, with a U.S. average of 2.5%. The states with the highest prevalence are Nevada, Arizona, Ohio, North Carolina, Massachusetts, and Vermont.

Dr. Anthony said there are roughly 1.1 million new first-time cocaine users in the United States each year.

For cannabis, the number of users varies from 4.3% to 11% of the U.S. population, with an average of 6.2%. The highest-use states include Washington, Oregon, Nevada, Montana, Colorado, Utah, and New Hampshire. He estimated that there are roughly 14.6 million regular users of cannabis across the nation and 2.6 million first-time users each year.

The time frame for development of drug dependence seems to vary considerably for different drugs. With cocaine, between 5% and 6% of first-time users become dependent within the first 2 years of their initial experience.

This percentage rises to more than 16% within 6 years. "The pattern for tobacco looks a lot like cocaine," Dr. Anthony said. With cannabis, between 3% and 4% of those who try the drug become dependent on it within the first 2 years, but the conversion factor drops off markedly after that. In this respect, alcohol is very similar to cannabis.

"If you're not addicted within the first 1 or 2 years, you probably will never be," Dr. Anthony said.

Aside from the emergence of ecstasy (3,4-methylenedioxymethamphetamine) and related substances, the biggest change in patterns of drug abuse since the 1970s has to do with abuse of prescription drugs.

Simply put, there are many more of these kinds of drugs available now, and they are far more widely prescribed than they were.

"We're seeing very sharp rises in the numbers [of prescription drug

abusers] in all age groups," he said. Crystal meth (methamphetamine) use has surged, but this trend has very particular regional variances. Often considered the "poor man's cocaine," crystal meth use is quite prevalent in the Southwest, Southern California, and in rural areas of the Midwest. Though the specific population dynamics surrounding this problem are not entirely understood, Dr. Anthony said he suspects that the economics of drug dealing play a role. "Wherever you have an entrenched cocaine market, you don't have much of a crystal meth market because of the violence between the cocaine and the meth mobs," he said.

As in almost all areas of medicine, the genomics revolution has sent many substance abuse researchers deep into the molecular realm in search of specific genes that predispose individuals to drug dependence.

Though he believes that this effort is an important direction for research, Dr. Anthony underscored the need to place equal emphasis on the environmental determinants of addiction. "The dichotomy between 'enviromics' and genomics is in many ways a false dichotomy. It is not an either/or situation, so we need to take an and/both attitude," he said. "Just as we map the genetic material, we ought to be mapping the environmental conditions and processes that shape drug involvement." ■

## Parents Think Children Should Be Told of Alcohol Problems in Family

WASHINGTON — A majority of parents in rural Kansas think children should know about problem drinkers in the family, reported Kimber Richter, Ph.D.

Approximately 45% of alcoholism is genetic, and knowledge of family history might help children make better choices about alcohol consumption, said Dr. Richter at the annual conference of the Association for Medical Education and Research in Substance Abuse.

Dr. Richter and a group of medical students in a rural preceptorship program designed a survey to better understand parent-child communication regarding a family history of alcohol problems. They surveyed 24 sets of parents aged 18 years or older living in rural Kansas who had children between the ages of 10 and 20 years.

In response to a two-page questionnaire, 100% of the parents said that they had talked to their children about alcohol, and 100% agreed that a family history of alcohol problems increased children's risk. Most (96%) said they believed that families with a positive history of alcohol problems should inform their children. Of the 83% of parents who reported a family history of problems, 57% said they had informed children in the family about this history. Overall, 63% had family rules concerning drinking, with punishments for breaking the rules. The children were not interviewed about their alcohol use, but they averaged 15 years old, the average age of first alcohol use in Kansas, Dr. Richter noted at the conference, also sponsored by Brown Medical School.

—Heidi Splete

## New Initiative Encourages Young Adolescents to Forgo Drinking

WASHINGTON — New tools to help preteens avoid underage drinking are available from the Substance Abuse and Mental Health Services Administration.

The "Too Smart to Start" initiative is aimed at adolescents aged 9-13 years.

The tool kit offers classroom presentations, posters, public service announcements, and information about structuring parent/child conversations on alcohol. It can be obtained by calling SAMHSA at 800-729-6686.

"Unlike illicit drugs, where we have seen an 11% decline in use over the past 2 years among youth, and unlike tobacco use where we have seen major declines in use since the mid-1990s, the rates of underage drinking really have not changed much over the years," SAMHSA Administrator Charles G.

Curie said at a press conference sponsored by SAMHSA.

About 11.6% of 12-year-olds report using alcohol at least once in their lifetime. That percentage more than doubles by age 13, and by age 15 more than half of teens report alcohol use, according to SAMHSA's National Survey on Drug Use and Health.

The approaches in the program were field tested in nine cities and counties over the last 2 years.

The program is being rolled out nationally through partner groups such as the American Medical Association. The AMA and SAMHSA has sent out joint letters to county and state medical societies encouraging them to disseminate the information about the program.

—Mary Ellen Schneider