

Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use In Children and Adolescents

The U.S. Preventive Services Task Force (Task Force) has issued a **final** recommendation statement on *Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use in Children and Adolescents*.

This final recommendation statement applies to children and adolescents (teens) younger than age 18. It does not apply to children and teens who have been diagnosed with a substance use disorder. These youth should receive drug treatment.

The final recommendation statement summarizes what the Task Force learned about the potential benefits and harms of actions that health care professionals can take to educate and counsel children and teens about illicit (illegal) drug use and nonmedical use of over-the-counter or prescription medicines: Currently, there is not enough evidence to determine the benefits and harms of this type of counseling and education in primary care settings.

This fact sheet explains this recommendation and what it might mean for you.

What are illegal drug use and nonmedical pharmaceutical use?

Illegal drug use means taking drugs like cocaine, heroin, hallucinogens, inhalants, and marijuana. Nonmedical pharmaceutical use means taking prescription or over-the-counter medicines for a reason other than why they were prescribed or recommended.

Facts About Illegal Drug Use and Nonmedical Use of Prescription and Over-the-Counter Medicines

About one in 10 teens ages 12 to 17 use illegal drugs or prescription drugs for nonmedical reasons.

Each day, about 4,300 teens start using drugs. Marijuana is the most common first drug that teens try. Many other teens begin by using prescription medicines, such as strong pain relievers, tranquilizers, and stimulants, or over-the-counter medicines, such as cough medicines, to “get high.”

The use of illegal drugs and of medicines for nonmedical reasons has many negative effects:

- It is linked to poorer school performance and dropping out of school.
- It puts children and teens at increased risk for developing a substance use disorder.
- It plays a role in three of the leading causes of death in teens—motor vehicle crashes, murders, and suicide.
- It can lead to risky behavior while “high,” including driving under the influence, unsafe sex, and violence.

In 2011, more than 150,000 children and teens were treated in emergency rooms for injuries and illness caused by drug use.

Behavioral Interventions for Drug Use

Education and counseling about the dangers of drug use can be done in a variety of ways, including:

- Face-to-face conversations with a health care professional in the office.
- Educational videos, interactive computer tools, and print materials.

Potential Benefits and Harms

The Task Force reviewed studies on ways that health care professionals can help prevent children and teens from trying drugs for the first time. They also looked at research on how to reduce use among children and teens who are already experimenting.

The Task Force found that there was not enough evidence to determine whether education and counseling by primary health care professionals helps prevent or reduce drug use in children and teens.

The Task Force also found very little evidence about potential harms of education and counseling, but concluded that they are likely to be small to none. Potential harms could include anxiety, damage to the doctor-patient relationship, and unintended increases in drug use or other risky behavior.

The Task Force recognizes that drug use is a serious problem. It therefore encourages more research on ways that health care professionals can help prevent and reduce drug use among children and teens.

The Final Recommendation on Primary Care Behavioral Interventions to Reduce Drug Use Among Children and Teens: What Does It Mean?

Here is the Task Force's final recommendation on reducing the use of illegal drugs and of prescription and over-the-counter medicines for nonmedical reasons by children and teens younger than age 18. It is based on the quality and strength of the evidence about the potential benefits and harms of behavioral interventions for this purpose. It also is based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**. The Notes explain key ideas.

Visit the Task Force Web site to read the full **final recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence report** provides more detail about the studies the Task Force reviewed.

1 The Task Force concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of *primary care-based* behavioral interventions to prevent or reduce *illegal drug or nonmedical pharmaceutical use in children and adolescents*. This recommendation applies to children and adolescents who are not already diagnosed with a *substance use disorder*. **I Statement**

Notes

1 *current evidence is insufficient*

The Task Force found few studies on this topic and the study results were inconsistent.

primary care-based
Services delivered by teams of doctors, nurses, physician assistants, and nurse practitioners who provide general health care and prevention.

illicit drug
Illegal drugs such as cocaine, heroin, hallucinogens, inhalants, and marijuana.

nonmedical pharmaceutical use
Taking prescription or over-the-counter medicines for a reason other than why they were prescribed or recommended. Over-the-counter medicines are those you can get without a prescription, such as cough medicine.

children and adolescents
Youth younger than age 18.

substance use disorder
Using illegal drugs or using prescription or over-the-counter medicines in such a way that it causes physical, emotional, mental, or social harm.




What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Drug Use

-  **Drugs, Brains, and Behavior: The Science of Addiction**
(National Institute on Drug Abuse)
-  **NIDA for Teens: The Science Behind Drug Abuse**
(National Institute on Drug Abuse)
-  **Talk to Your Kids about Tobacco, Alcohol, and Drugs**
(healthfinder.gov)