

Survey Paints Bleak Picture of Health Insurance Coverage and Premiums

Employer-sponsored health insurance premiums increased by an average of 11.2 percent during the past year, according to the 2004 Annual Employer Health Benefits Survey, released jointly by the Kaiser Family Foundation and the Health Research and Educational Trust (HRET). Although this increase was less than the increase of 13.9 percent reported in 2003, it means that 2004 is the fourth consecutive year in which there was double-digit growth in premiums. In addition, premiums for employer-sponsored health plans increased at about five times the rate of inflation (2.3 percent) and employee earnings (2.2 percent).

The survey was conducted between January and May of 2004 and included 3,017 randomly selected public and private firms employing at least three workers. A total of 1,925 firms responded to the full survey, and a further 1,092 also responded to a question about offering coverage.

The survey found that average annual premiums reached \$9,950 for family coverage in 2004 (\$829 a month) and \$3,695 for single coverage (\$308 a month). Annual family premiums for preferred provider organizations, through which most workers are covered, increased to \$10,217 (\$851 a month), up significantly from the 2003 figure of \$9,317 (\$776 a month). Since 2001, premiums for family coverage have increased by 59 percent.

At a press briefing at which the report was released, Drew E. Altman, president and chief executive officer of the Kaiser Family Foundation, warned, "The cost of family health insurance is rapidly approaching the gross earnings of a full-time minimum-wage worker. If these trends continue, workers and employers will find it increasingly difficult to pay for family health coverage, and every year the share of Americans who have employer-sponsored health coverage will fall."

Indeed, the survey found that the percentage of all workers covered by employer-sponsored health plans is currently 61 percent—about the same

as in 2003 (62 percent) but down significantly from the peak of 65 percent seen in 2001. This reduction translates into 5 million fewer jobs that provide health insurance this year compared with 2001. The report's authors suggest that a likely contributing factor is the decline in the proportion of small employers (those with three to 199 employees) that offer health insurance. Currently, 63 percent of all small firms offer health benefits to their employees, down from 68 percent in 2001.

Many of the employers who responded to the survey reported that, in the face of continued increases in premiums, they looked to make cost-sav-

ing changes in the past year. Among firms offering coverage, 56 percent reported shopping for a new plan. Of those firms, 31 percent (17 percent overall) reported switching insurance carriers, and 34 percent (19 percent overall) reported changing the type of plan offered. When asked about their strategies for the future, 52 percent of large firms (those with at least 200 employees) said that it is "very likely" that they will increase employee contribution rates during the next year. In contrast, only 15 percent of small firms reported such a likelihood.

Individual copies of the survey report and the summary of findings can be obtained through the Kaiser Family Foundation's Web site at www.kff.org/insurance/7148.

FDA Panel Finds Evidence of Link Between Antidepressants and Youth Suicidality, Calls for a "Black Box" Warning

An independent advisory panel to the U.S. Food and Drug Administration (FDA) found, by a 25-0 vote, consistent evidence that antidepressant medications raise risks of suicide and suicidal thoughts in some children. By a 15-8 vote, the panel also recommended adding a "black box" warning label—the most severe caution that prescription drugs can carry—to accompany all medications used for depression among children under 18 years of age. The warning should be accompanied by data showing which antidepressants are effective for children with depression, the panel advised.

The recommendations came after a two-day public hearing in Washington, D.C., in September, at which the panel discussed the results of 15 clinical trials, some of which had not been made available to the public. The panel also heard testimony from parents whose children had committed suicide while being treated with antidepressants, as well as from parents who credited the drugs with saving their children's lives.

Senior FDA officials acknowledged

that the results of the new analysis were substantially the same as the conclusions reached a year ago by FDA drug safety analyst Andrew D. Mosholder. At a hearing in March 2004, the agency declined to make Mosholder's conclusions public, citing a lack of confidence in his results. The March hearing resulted in FDA's requiring manufacturers to change the drug labeling for medications used to treat pediatric depression to include a statement recommending close observation for the emergence of suicidality.

In 2003, U.S. physicians wrote 15 million antidepressant prescriptions for patients under age 18, according to FDA data. In the first six months of 2004, antidepressant prescriptions for children increased by almost 8 percent, despite the new drug labeling.

After the March hearing, FDA hired a group of suicidality experts at Columbia University to reanalyze the data. That analysis, which was the centerpiece of the September hearing, reached conclusions nearly identical to Mosholder's. It found that 2 to 3 percent of children treated with antidepressants had suicidal thoughts or be-

haviors that were not a result of underlying depression but were caused by the medications themselves.

David Fassler, a child and adolescent psychiatrist who testified before the panel for the American Psychiatric Association, cautioned that FDA should not scare patients away from treatment. He cited studies indicating that depression increases the risk of a first suicide attempt at least 14-fold. He noted that 3 to 5 percent of children are depressed and that more than 500,000 depressed children attempt suicide each year. Approximately 2,000 die as a result, and this number has declined by more than 25 percent since the early 1990s, he noted. He also emphasized that no suicides occurred among the nearly 5,000 youths who participated in the clinical trials that were analyzed. Research in-

dicates that between 30 and 40 percent of youths with depression do not respond to an initial medication but that many ultimately respond to a different medication. He urged the panel to ensure that physicians have access to the full range of medications in this class. APA later commended the panel for not restricting such access. Since December 2003, British physicians have been banned from prescribing any medication except fluoxetine to treat pediatric depression.

In a statement released after the September hearing, FDA said that it "generally supports" the panel's conclusions and that it was working on new warning labels for all antidepressants to explain the risk as well as a pamphlet in patient-friendly language to be handed out with every prescription.

older had used alcohol in the month before the 2003 survey (50.1 percent). About 54 million (22.6 percent) participated in binge drinking—five or more drinks on one occasion—at least once in the past month, and 16.1 million (6.8 percent) were heavy drinkers in the past month—five or more drinks on at least five occasions.

Young adults aged 18 to 25 years had the highest prevalence of binge and heavy drinking, and the peak rate for both measures occurred at 21 years. The rate of binge drinking was 41.6 percent for young adults aged 18 to 25 years and 47.8 percent at age 21. Heavy alcohol use was reported by 15.1 percent of persons 18 to 25 and by 18.7 percent of persons aged 21 years.

In 2003 an estimated 70.8 million persons (29.8 percent) reported that they had used a tobacco product in the month before the survey. Young adults aged 18 to 25 years reported the highest rate of cigarette use in the month before the survey (40.2 percent). Rates were similar between 2002 and 2003.

The survey is conducted yearly by the office of applied studies of the Substance Abuse and Mental Health Services Administration. It based on a representative sample of the U.S. population aged 12 years and older, including residents of households and noninstitutional group quarters and civilians living on military bases. In 2003, interviews were conducted with 67,784 persons. Complete findings of the survey are available at www.oas.samhsa.gov.

2003 National Survey Finds Decreases in LSD and Ecstasy Use and Increases in Nonmedical Pain Reliever Use

The overall rate of illicit drug use did not change between 2002 and 2003, according to data from the 2003 National Survey on Drug Use and Health—formerly called the National Household Survey on Drug Abuse. However, the survey noted significant declines in the use of LSD, Ecstasy, and stimulants and a significant increase in the lifetime nonmedical use of pain relievers.

In 2003 an estimated 19.5 million Americans, or 8.2 percent of the population aged 12 years or older, had used an illicit drug in the month before the survey. Marijuana was the most commonly used illicit drug. In the month before the survey, marijuana was used by 14.6 million persons (6.2 percent). During this time an estimated 2.3 million persons (1 percent) used cocaine, 604,000 of whom used crack. Hallucinogens were used by one million persons (.4 percent). Heroin was used by 119,000 persons (.1 percent). All of these rates did not change between 2002 and 2003. However, significant decreases were found in past-year use of LSD (from .4 percent to .2 percent), Ecstasy (from 1.3 to .9 percent), and stimulants (from 1.4 to 1.2 percent).

An estimated 6.3 million persons (2.7 percent) used psychotherapeutic drugs nonmedically in the month before the survey: 1.8 million used tranquilizers (.8 percent), 1.2 million used stimulants (.5 percent), and .3 million used sedatives (.1 percent). These estimates are similar to estimates for 2002. However, lifetime nonmedical use of pain relievers increased significantly between 2002 and 2003, from 29.6 million persons (12.6 percent) to 31.2 million (13.1 percent).

Among youths aged 12 to 17 years, past-year illicit drug use significantly decreased for LSD (1.3 in 2002 to .6 percent in 2003), Ecstasy (2.2 to 1.3 percent), and methamphetamine (.9 to .7 percent). In addition, past-month marijuana use among youths aged 12 or 13 years declined from 1.4 percent to 1 percent. However, inhalant use in the past month among youths aged 16 or 17 years increased from .6 to 1 percent. The overall rate of past-month illicit drug use among youths aged 12 to 17 years did not change between 2002 (11.6 percent) and 2003 (11.2 percent).

Rates of alcohol use were similar between 2002 and 2003. An estimated 119 million Americans aged 12 years or

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