

# The DAWN report

OCTOBER 2002

## Major Drugs of Abuse in ED Visits, 2001 Update

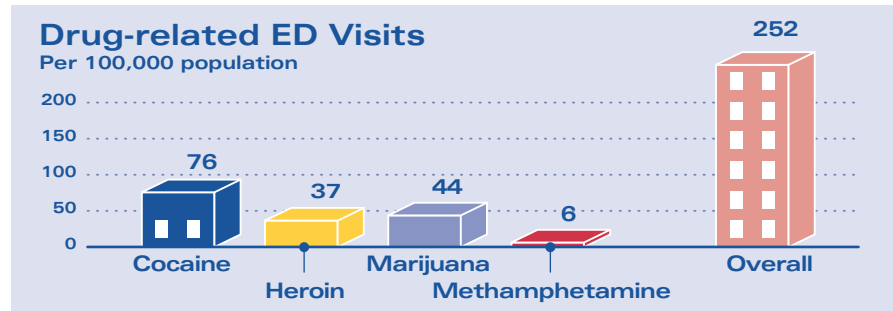
Patterns of illicit drug availability, purity, use, and therefore, the consequences of drug abuse can vary widely across time and place. The Drug Abuse Warning Network (DAWN) continuously monitors these consequences in terms of visits to emergency departments (EDs). This issue of *The DAWN Report* summarizes ED visits related to 4 major drugs of abuse—cocaine, heroin, marijuana, and methamphetamine—in 21 major metropolitan areas and the coterminous U.S.

More populous metropolitan areas would naturally have more ED visits, so it is essential to take size into account for comparisons across areas to be valid. In this publication, estimates are expressed as rates of ED visits for each drug per 100,000 population. All estimates pertain to the entire metropolitan area, not just the city for which it is named.

The map (inside) displays ED visit rates for the 4 drugs for the metropolitan areas and the U.S. These charts are useful for making comparisons across areas or across drugs within the same area. To identify metropolitan areas with the highest or lowest rates for a particular drug, bar charts on the last page rank the metropolitan areas by ED visit rates for each of the 4 drugs.

For the coterminous U.S.:

- In 2001, there were 638,484 ED visits related to drug abuse, or 252 such visits per 100,000 population.



- Cocaine is the most frequently reported drug in ED visits (in 76 visits per 100,000 population).
- Marijuana (in 44 ED visits per 100,000 population) and heroin (37) follow cocaine in frequency.
- Methamphetamine is much less frequent overall (6 ED visits per 100,000 population) but is concentrated in metropolitan areas in the west, especially San Francisco, San Diego, Phoenix, Seattle, and Los Angeles.

According to DAWN, rates of ED visits involving cocaine and heroin vary considerably across the 21 metropolitan areas, and these rates often exceed the national rate by a substantial margin.

For cocaine, 9 of the 21 metropolitan areas had ED visit rates more than double the national rate and 3—Chicago, Philadelphia, and Atlanta—had ED visit rates more than triple the national rate. Only Washington, DC, Denver, Phoenix, Dallas, Minneapolis, and San Diego had cocaine rates below the national rate.

For heroin, 10 of the 21 metropolitan areas had ED visit rates more than double the national rate, and 4—

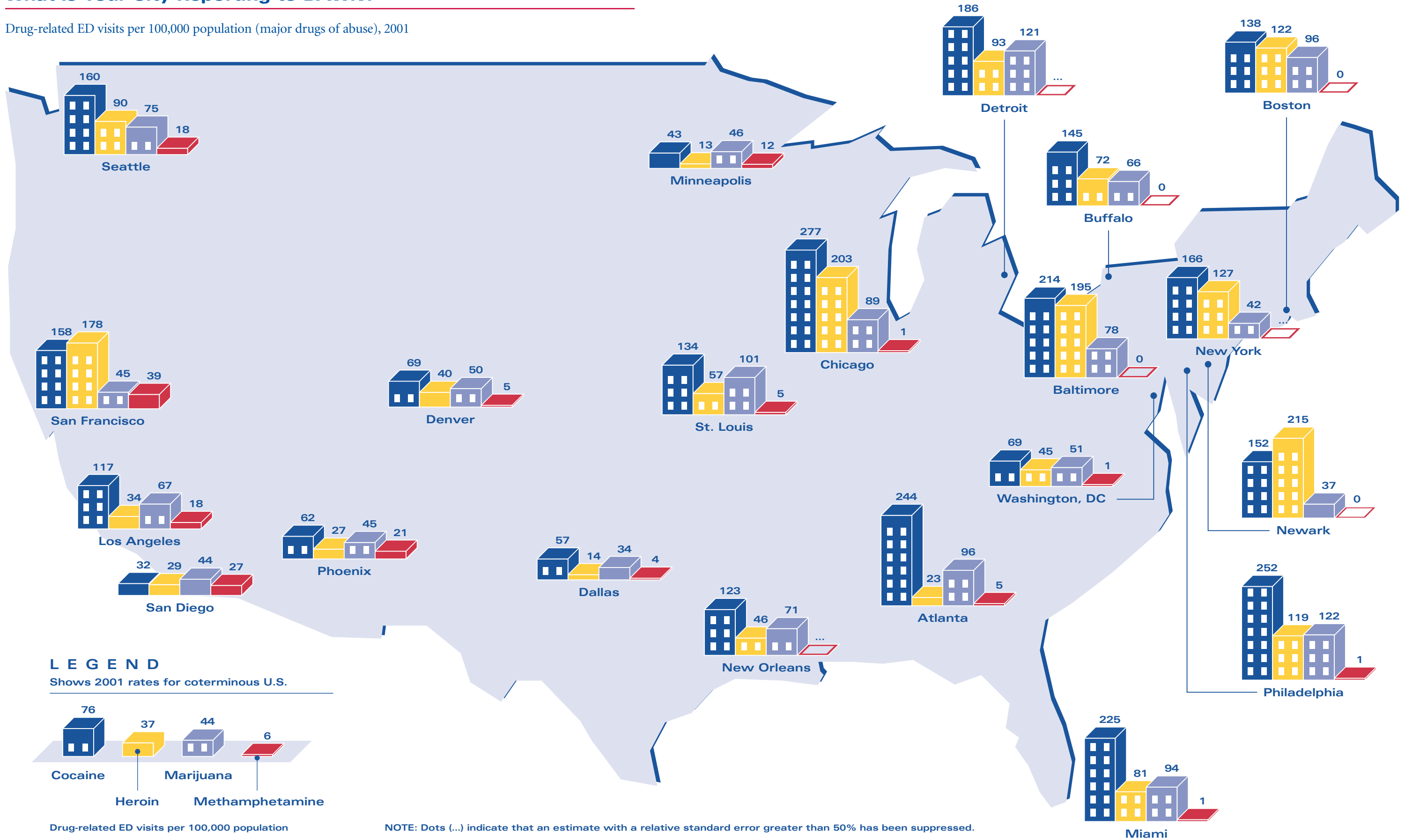
Newark, Chicago, Baltimore, and San Francisco—had ED visit rates more than 4 times the national rate. Only Los Angeles, San Diego, Phoenix, Atlanta, Dallas, and Minneapolis had ED visit rates below the national rate.

DAWN also shows that high (or low) ED visit rates for cocaine are often not in the same areas as high (or low) rates for heroin. Only Chicago and Baltimore rank among the top 5 metropolitan areas in ED visit rates for cocaine and heroin. By contrast, Atlanta has one of the highest rates for cocaine (244), but one of the lowest for heroin (23). Newark, with the highest ED visit rate for heroin (215), ranked tenth in ED visits involving cocaine (152). Only Phoenix, Dallas, Minneapolis, and San Diego had ED visit rates below national averages for both cocaine and heroin.

This report focuses only on 4 major drugs of abuse. However, thousands of drugs are reported to DAWN each year. For a more extensive list of drug estimates for the Nation and the 21 metropolitan areas, see *ED Trends From DAWN* online at [www.DAWNinfo.net](http://www.DAWNinfo.net).

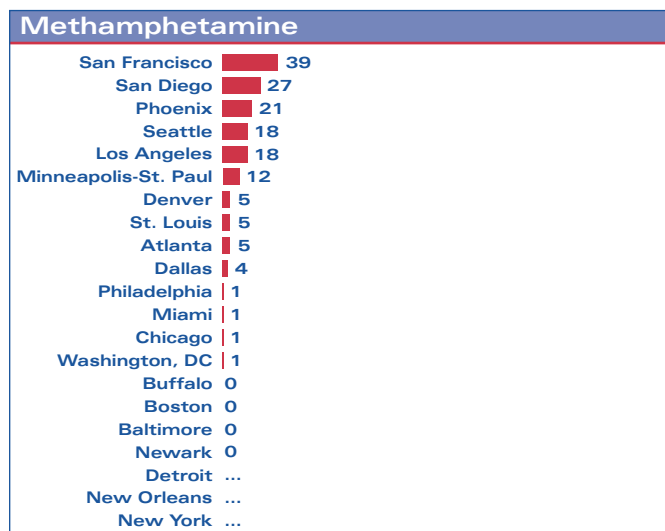
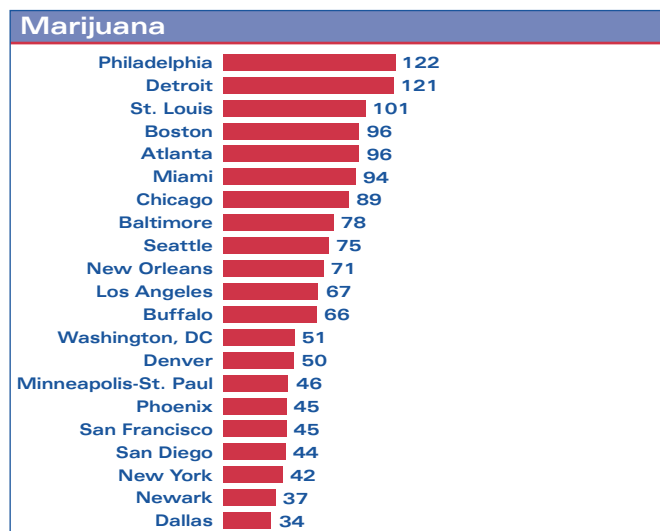
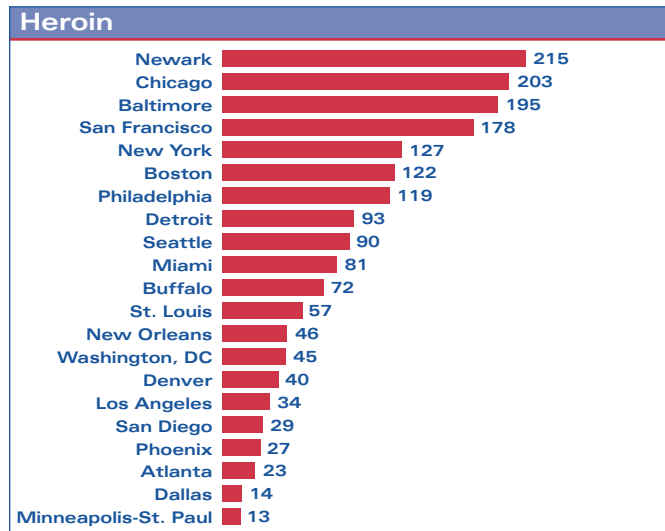
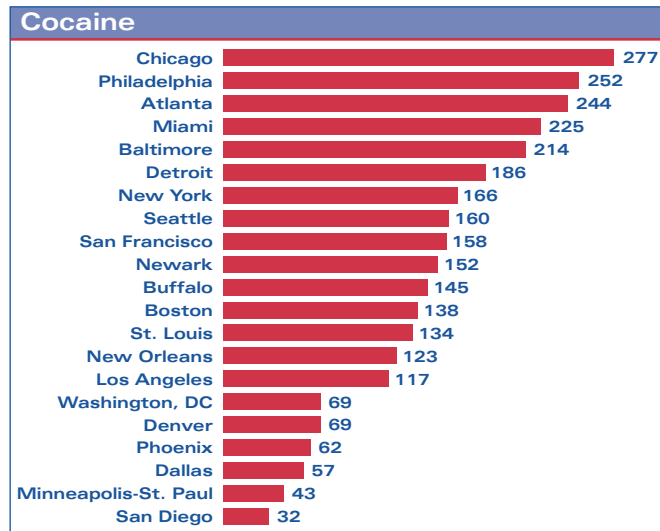
# What Is Your City Reporting to DAWN?

Drug-related ED visits per 100,000 population (major drugs of abuse), 2001



## Rankings by Metropolitan Area

The following charts rank the metropolitan areas based on the rate of ED visits during 2001 for the four major drugs per 100,000 population.



NOTE: Dots (...) indicate that an estimate with a relative standard error greater than 50% has been suppressed.

## About DAWN

The Drug Abuse Warning Network (DAWN) is a national surveillance system that collects data on drug-related visits to emergency departments (ED) and drug-related deaths reviewed by medical examiners and coroners. Data on ED visits are collected from a national probability sample of

non-Federal, short-stay hospitals, with oversampling in 21 major metropolitan areas. Data from the sample are used to generate estimates for the coterminous U.S. and the 21 metropolitan areas.

ED visits are reportable to DAWN if a patient between the ages of 6 and 97 was treated for a condition associated with intentional drug

abuse, including recreational use, dependence, or suicide attempt. Visits involving chronic health conditions resulting from drug abuse are reportable. Abuse of prescription and over-the-counter medications is reportable. Adverse reactions associated with appropriate use of these drugs or accidental ingestion or inhalation of any drug are not reportable.

*The DAWN Report* is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). This issue was written by Dr. Judy Ball (SAMHSA/OAS Project Officer) and Dr. Wendy Kissin (Westat). All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated.