

# The DAWN Report

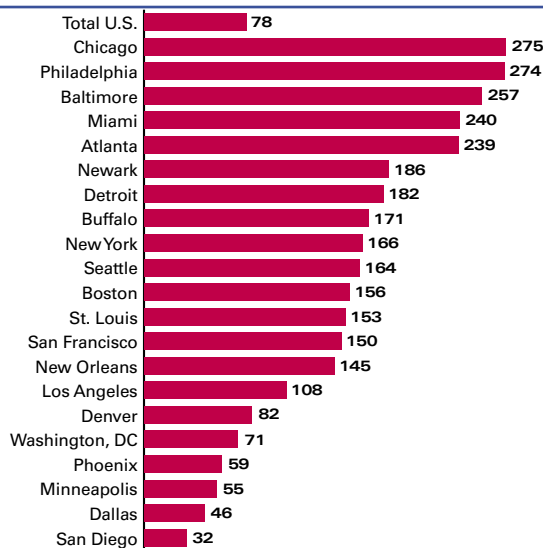
MAY 2004

## Major Drugs of Abuse in ED Visits, 2002 Update

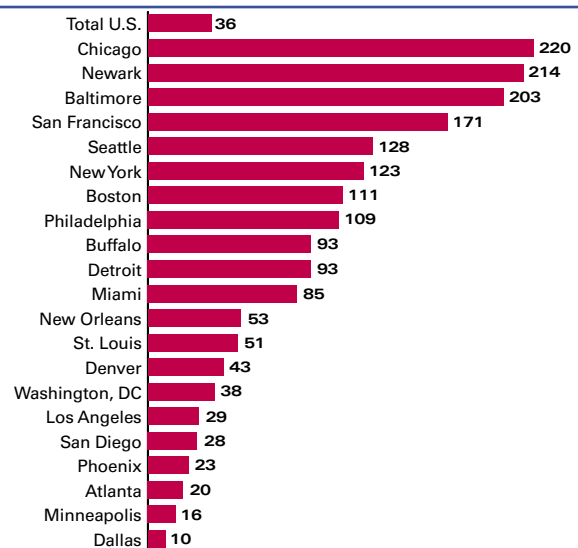
This issue of *The DAWN Report* examines geographic variation<sup>1</sup> in emergency department (ED) visits related to 4 drugs<sup>2</sup>—cocaine, marijuana, heroin, and methamphetamine. The map (inside) displays the rates of drug abuse-related ED visits per 100,000 population for these 4 drugs for the

21 metropolitan areas<sup>3</sup> oversampled by the Drug Abuse Warning Network (DAWN) and for the coterminous U.S. To allow for easier comparisons across metropolitan areas for a particular drug, the bar charts shown below rank the metropolitan areas for each of the 4 drugs.

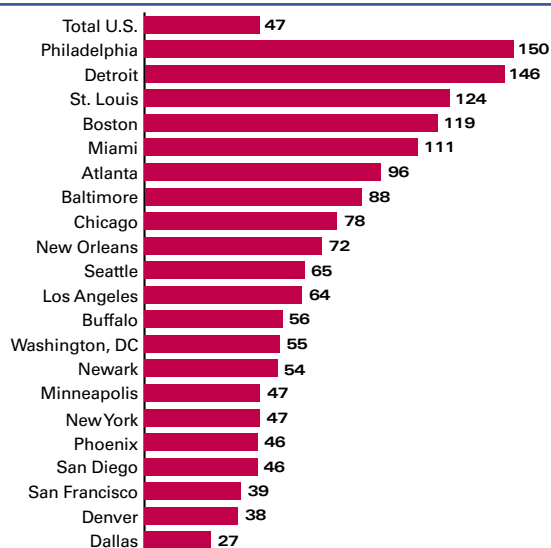
**Cocaine ED visits**  
per 100,000 population



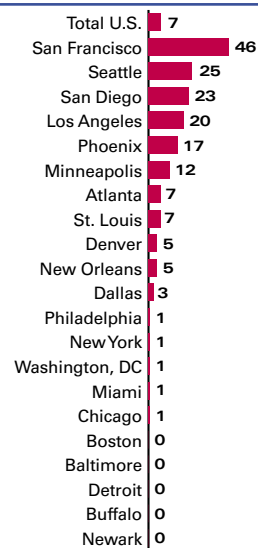
**Heroin ED visits**  
per 100,000 population



**Marijuana ED visits**  
per 100,000 population

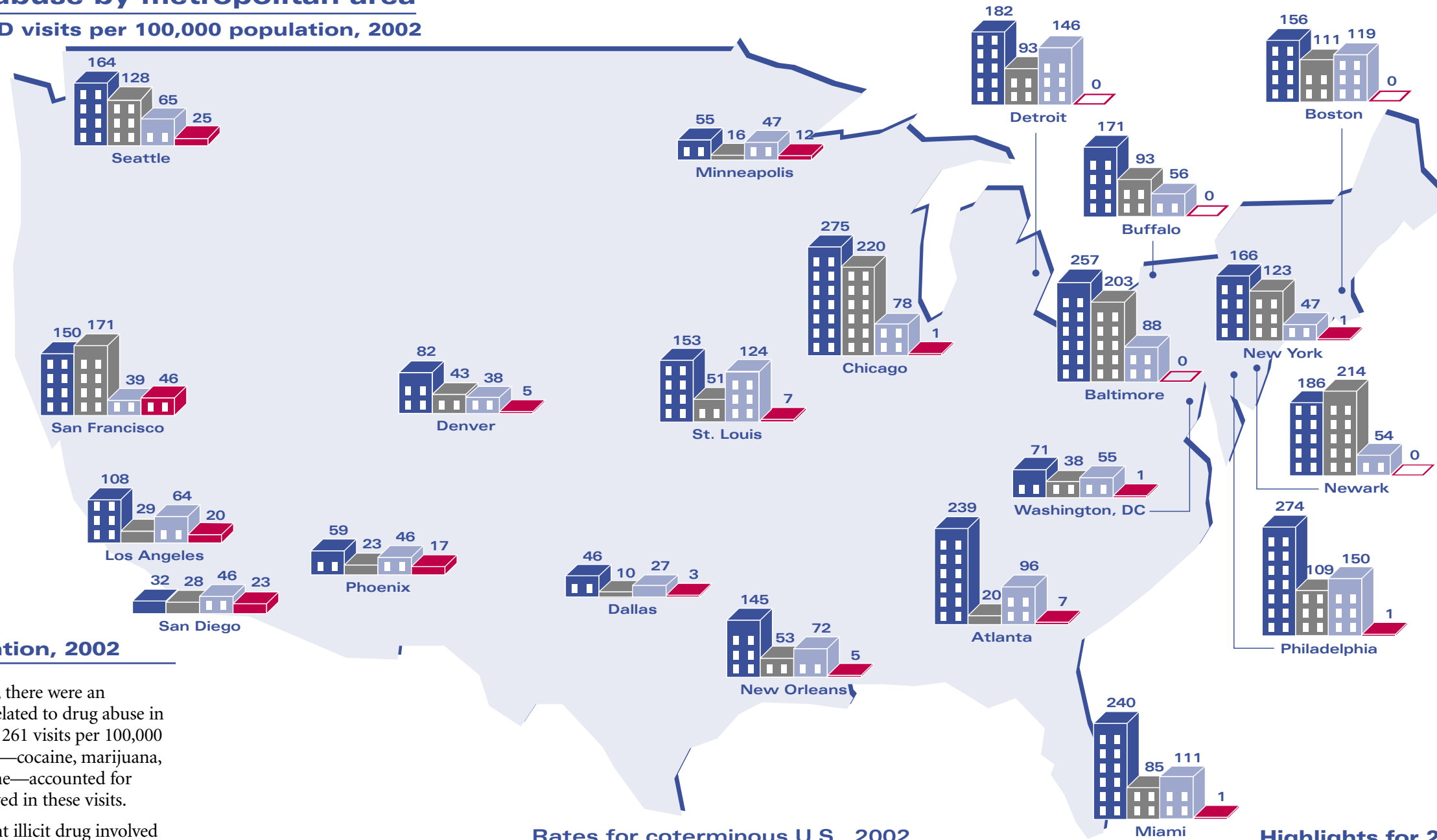


**Methamphetamine ED visits**  
per 100,000 population



## Major drugs of abuse by metropolitan area

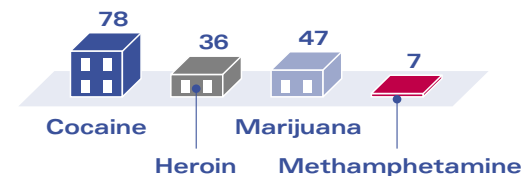
Drug abuse-related ED visits per 100,000 population, 2002



### Highlights for the Nation, 2002

- According to DAWN, in 2002, there were an estimated 670,307 ED visits related to drug abuse in the coterminous U.S.—about 261 visits per 100,000 population. Four illicit drugs—cocaine, marijuana, heroin, and methamphetamine—accounted for 36 percent of the drugs involved in these visits.
- Cocaine was the most frequent illicit drug involved in drug abuse-related ED visits in 2002 with an estimated 199,198 visits nationally. Marijuana-related ED visits were next with 119,472 visits; heroin was involved in 93,519 ED visits nationally; and methamphetamine was involved in 17,696 drug abuse-related ED visits in 2002.
- From 1995 to 2002, the rate of drug abuse-related ED visits involving marijuana rose 139 percent nationally (from 19 to 47 visits per 100,000). During the same period, the rate of cocaine-related ED visits increased 33 percent (from 58 to 78 visits per 100,000) and heroin-related ED visits increased 22 percent (from 30 to 36 visits per 100,000). The national rate of methamphetamine-related ED visits remained stable.

### Rates for coterminous U.S., 2002



### Highlights for 21 metropolitan areas

- The rate of ED visits involving cocaine exceeded that for any other illicit drug in 18 of the 21 metropolitan areas monitored by DAWN.
- Only in San Diego was the rate of marijuana-related ED visits higher than the rates of heroin or cocaine-related visits.
- In 2 metropolitan areas—Detroit and Philadelphia—the rate of marijuana-related ED visits was more than 3 times the national rate.
- The highest rates of methamphetamine ED visits were found in western metropolitan areas, including San Francisco, Seattle, San Diego, Los Angeles, and Phoenix.

<sup>1</sup> As patterns in availability, purity, and use of illicit drugs differ across the country, the consequences of drug abuse can exhibit local variations. In order to compare visits across metropolitan areas, it is essential to adjust for population size. DAWN does this by calculating the rate of drug abuse-related ED visits per 100,000 population.

<sup>2</sup> 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, Final Estimates 1995-2002* online at <http://DAWNinfo.samhsa.gov/>.

<sup>3</sup> In DAWN, metropolitan-level estimates pertain to the entire metropolitan area, not just the city for which the metropolitan area is named. For example, the 2002 estimates presented for the San Francisco metropolitan area include San Mateo, San Francisco, and Marin Counties in California.

## About DAWN

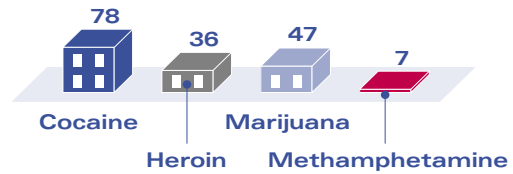
The **Drug Abuse Warning Network (DAWN)** is a national public health surveillance system that collects data on drug abuse-related visits to emergency departments (EDs) and drug abuse-related deaths reviewed by medical examiners and coroners. Data on ED visits are collected from a national probability 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 recreation use, dependence, or a 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 and accidental ingestion or inhalation of any drug are not reportable.

In DAWN, drugs are described by their generic names. An index linking brand (trade) names with generic drug names is available at <http://DAWNinfo.samhsa.gov/>.

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## Rates of ED visits per 100,000 for the coterminous U.S., 2002



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