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Mid-Year 2000 Preliminary Emergency Department Data from the Drug Abuse Warning Network

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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HIGHLIGHTS

Drug Episodes vs. Drug Mentions

Drug-Related Episode: **A drug episode is an ED visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 years and older.**

Drug Mention: **A drug mention refers to a substance that was mentioned during a drug-related ED episode. Because up to 5 drugs can be reported for each drug abuse episode, there are more mentions than episodes cited in this report.**

The Drug Abuse Warning Network (DAWN) is a national probability survey of hospitals with emergency departments (EDs) conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is designed to capture data on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. **Therefore, DAWN data do not measure prevalence of drug use in the population.** DAWN does capture some of the health consequences of substance abuse, specifically, those that manifest in visits to EDs. Data from 1995 onward reflect improvements made recently to the estimation system.

This report focuses on preliminary estimates of drug-related ED episodes and mentions for the first half of 2000, with comparisons to the first half of 1999. Long-term trends from 1992 to 1999 are provided for reference. Findings are statistically significant unless stated otherwise.

Estimates in this report are preliminary, so there is no guarantee that statistically significant differences reported here will remain once the data for the full year are complete and estimates for the full year are produced.

TOTAL DRUG-RELATED EPISODES

- From January to June 2000, DAWN estimates that there were 292,098 drug-related ED episodes in the coterminous U.S. with 535,646 drug mentions (Table 1 and Figure 1). Both ED drug episodes and ED drug mentions were statistically unchanged, based on comparisons of the first half of 1999 and the first half of 2000.

- DAWN oversamples hospitals in 21 metropolitan areas in order to produce representative estimates for each of those areas. Among the 21 metropolitan areas oversampled in DAWN, significant increases in drug episodes were found in 5 (Seattle, Boston, Miami-Hialeah, San Diego, and Atlanta). Significant decreases were found in 2 metropolitan areas – Baltimore and Newark (Table 3).

- For illicit drugs, a comparison of the first halves of 1999 and 2000 revealed:

  - No significant changes for alcohol-in-combination, cocaine, marijuana/hashish, or LSD (Table 1).

  - Significant increases in mentions of PCP/PCP combinations, methamphetamine/ speed, amphetamine, and heroin/morphine.

- Dependence (103,617 episodes) and suicide (95,778 episodes) continued to be the most frequently cited motives for taking substances, and overdose the most frequently cited reason for the drug-related ED contacts (130,043 episodes) (Table 17).

- Total drug-related ED episodes and mentions of cocaine were stable across all demographic categories from the first half of 1999 to the first half of 2000 (Tables 17 and 21).

- Among adults, mentions of heroin/morphine increased 31 percent (from 9,041 to 11,850) for ages 26 to 34 and 22 percent (from 21,726 to 26,400) for ages 35 and over from the first half of 1999 to the first half of 2000 (Table 23).

- For patients age 12 to 17, total ED episodes, cocaine mentions, heroin/morphine mentions, and marijuana/hashish mentions were statistically unchanged between the first halves of 1999 and 2000 (Tables 17, 21, 23, and 25).

COCAINE

- Cocaine continued to be the most frequently mentioned illicit drug, comprising 28 percent of episodes and 81,361 mentions in the first half of 2000 (Table 1).

- Cocaine mentions were statistically unchanged between the first half of 1999 (79,582 mentions) and the first half of 2000 (81,361) overall and for all age, gender, and race/ethnicity subgroups (Table 21).

- From the first half of 1999 to the first half of 2000, cocaine mentions increased in 4 of the 21 metropolitan areas oversampled in DAWN and decreased in another 4 (Table 7). Increases in cocaine mentions were found in San Francisco (47%), Seattle (31%), San Diego (24%), and Atlanta (20%). Decreases were found in Baltimore (32%), New York (15%), New Orleans (14%), and Newark (13%).

HEROIN/MORPHINE

- Heroin/morphine was the third most frequently mentioned illicit drug, comprising 16 percent of ED episodes and 47,008 mentions in the first half of 2000 (Table 1).

- Heroin/morphine mentions increased 22 percent from the first half of 1999 (38,565 mentions) to the first half of 2000 (47,008) (Table 23). Heroin/morphine mentions increased 31 percent for adults age 26 to 34, 22 percent for adults age 35 and over, 21 percent for males and females, 27 percent for patients reported as white, and 17 percent for patients reported as black (Table 23). Heroin/morphine mentions were unchanged for young adults age 18 to 25 and for patients reported as Hispanic.

- From the first half of 1999 to the first half of 2000, heroin/morphine mentions increased in 8 of the 21 metropolitan areas oversampled in DAWN and decreased in 1 (Table 9). The decrease came in Baltimore (18%, Table 9). Increases were found in New Orleans (62%), Buffalo (58%), Miami-Hialeah (50%), San Francisco (34%), Detroit (33%), Boston (32%), Atlanta (25%), and San Diego (24%).

MARIJUANA/HASHISH

- Marijuana/hashish was the second most frequently mentioned illicit drug, comprising 16% of ED episodes and 47,535 mentions in the first half of 2000 (Table 1).

- Marijuana/hashish mentions were statistically unchanged from the first half of 1999 (43,109 mentions) to the first half of 2000 (47,535) with no significant changes by gender or age of the patient (Table 25). By race, marijuana/hashish mentions changed only for patients reported as Hispanic, with an increase of 44 percent (from 3,799 to 5,464 mentions).

- From the first half of 1999 to the first half of 2000, marijuana/hashish mentions increased in 5 of the 21 metropolitan areas oversampled in DAWN and decreased in 3 (Table 11). The increases were found in San Francisco (121%), Seattle (60%), Miami-Hialeah (49%), Denver (33%), and San Diego (26%). A decrease of 20 percent was found in Phoenix; decreases of 17 percent were found in Newark and Philadelphia.

METHAMPHETAMINE/SPEED

- Considering the 5 metropolitan areas with the highest numbers of methamphetamine/ speed mentions in the first half of 2000:

    - From the first half of 1999 to the first half of 2000, methamphetamine/speed mentions increased in Seattle (80%), San Diego (71%), and Phoenix (67%) (Table 13).

    - Methamphetamine/speed mentions in Los Angeles-Long Beach and San Francisco were statistically unchanged between the first halves of 1999 and 2000.

NON-MEDICAL USES OF LICIT DRUGS

Not all cases involving prescription or over-the-counter (OTC) drugs are reportable to DAWN. DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or OTC medications taken as prescribed. Accidental overdoses of OTC or prescription drugs taken as directed are reportable when used in combination with an illicit drug. Alcohol is reportable only when used in combination with another drug.

- Alcohol-in-combination was mentioned in 33 percent (97,143) of ED drug episodes in the first half of 2000. Mentions of alcohol-in-combination were statistically unchanged from the first half of 1999 to the first half of 2000 (Table 1).

- A comparison of the first half of 1999 and the first half of 2000 revealed significant increases among the following OTC/prescription drugs: hydrocodone (51%) and acetaminophen (20%) (Table 1).

- No significant decreases in mentions of prescription or OTC drugs were found.

INTRODUCTION

This report presents information on drug-related emergency department (ED) episodes collected through the Drug Abuse Warning Network (DAWN) through June of 2000. Since late 1992, DAWN data collection and reports publication have been the responsibility of the Office of Applied Studies (OAS) at the Substance Abuse and Mental Health Services Administration (SAMHSA). Earlier operation of DAWN and periodic reports from the data system were provided by the National Institute on Drug Abuse (NIDA) and, before that, by the Drug Enforcement Administration (DEA).

This report contains preliminary estimates of drug-related ED episodes and specific drug mentions for each half-year period from July 1994 through June 2000. Final estimates for full years from 1992 through 1999 are provided for reference. The 2000 estimates in the report are considered preliminary because a few hospitals can be expected to report late and the data weights used to derive national and metropolitan area estimates are not final (see Appendix A, Section III). Estimates for 1999 and previous years are considered final. In 1998, a thorough review of the DAWN estimation system by Westat produced more accurate 1995 and 1996 estimates (see Appendix A, Section IV for more information).

This introduction includes a brief overview of DAWN data collection and highlights issues for the reader to consider in interpreting DAWN data. This is followed by sections with specific focuses on trends in drug abuse episodes overall; trends in cocaine mentions; trends in heroin/morphine mentions; and trends in mentions of other illicit drugs, including marijuana/ hashish, methamphetamine/speed, PCP, and LSD. A separate section summarizes trends in prescription and over-the-counter (OTC) drug-related episodes reported to DAWN. This is followed by highlights in drug episode trends from the 21 metropolitan areas oversampled in DAWN.

The DAWN system also collects data on drug-related deaths from a nonrepresentative sample of medical examiners. Medical examiner data are published annually in separate reports [e.g., *Drug Abuse Warning Network (DAWN) Annual Medical Examiner Data*].

OVERVIEW OF DAWN ED DATA

The DAWN system provides information on the health consequences of drug use in the U.S. as manifested by drug-related visits to hospital EDs. Hospitals eligible for DAWN are non-Federal, short-stay, general hospitals in the coterminous U.S. that operate a 24-hour emergency department. Since 1988, DAWN ED data have been collected from a representative sample of eligible hospitals located throughout the coterminous U.S., with oversampling in 21 metropolitan areas and a National Panel of hospitals sampled from locations outside these areas.

In 1999, the DAWN sample consisted of 592 eligible hospitals.[1] Of these, 488 (82%) participated in the DAWN ED survey. The 1999 sample of hospitals submitted information on 182,587 drug abuse episodes with an average of 1.77 drug mentions per episode. For

[1] The DAWN sample is updated annually, so 1999 is the last full year for which the sample was drawn. The sample for 2000 will be updated at the close of the 2000 data year.

preliminary data from the first half of 2000, 480 eligible hospitals submitted information on 185,751 drug episodes with a mean of 1.77 drug mentions per episode.

For this report, data have been weighted to produce estimates representing all ED drug episodes and drug mentions in the total coterminous U.S.[2] and in the 21 metropolitan areas (see Appendix A). For analysis, hospitals in the 21 metropolitan areas are sometimes classified by location – inside or outside the central city portion of those areas. The National Panel represents hospitals outside of the 21 metropolitan areas. Estimates for the 21 metropolitan areas are pooled with estimates from the National Panel to produce the national estimates.

DATA COLLECTION METHODOLOGY

Within each facility that participates in DAWN, a designated DAWN reporter, who is usually a member of the ED or medical records staff, is responsible for reviewing medical charts to identify drug abuse episodes eligible for inclusion in DAWN. DAWN reporters rely on information from medical charts that originate with hospital staff who treated the patient. Ultimately, the accuracy and completeness of DAWN reports depend on the careful recording of information by the medical staff and on the accuracy and completeness of the information provided to the medical staff by the patient.

The DAWN reporter submits an episode report to the DAWN system for each drug abuse patient who visits a DAWN ED and meets certain criteria. To be included in DAWN, the patient presenting to the ED must be between age 6 and 97 and meet all 4 of the following criteria:

- The patient was treated in the hospital's ED;
- The patient's presenting problem(s) – i.e., the reason for the ED visit – was induced by or related to drug use, regardless of when the drug use occurred;
- The episode involved the use of an illegal drug or the use of a legal drug or other chemical substance contrary to directions; and
- The patient's reason for using the substance(s) was dependence, suicide attempt or gesture, and/or psychic effects.

In addition to drug overdoses, reportable ED episodes may result from the chronic effects of habitual drug use or from unexpected reactions. Unexpected reactions reflect cases where the drug's effect was different than anticipated (e.g., caused hallucinations). DAWN cases do **not** include accidental ingestion or inhalation of a substance with no intent of abuse, or adverse reactions to prescription or OTC medications taken as prescribed.

A single drug abuse episode may have multiple drug mentions. Up to 5 different substances can be recorded ("mentioned") for each ED episode. Therefore, not every reported substance is, by itself, necessarily a cause of the medical emergency. On the other hand, substances that contributed to a drug abuse episode may occasionally go unreported or undetected. Even when only one substance is reported for an episode, an allowance should be made for reportable drugs not mentioned or for other contributory factors.

[2] The total coterminous U.S. consists of 48 contiguous states and the District of Columbia. Alaska and Hawaii are excluded.

Alcohol use is reported to DAWN **only** when found in combination with a reportable substance.

In addition, each report of a drug-related ED episode includes demographic information about the patient and information about the circumstances of the episode (e.g., the date and time of the ED visit, the reason the patient came to the ED). For each drug mentioned, the DAWN report includes the form in which the drug was acquired (e.g., liquid, pieces), its source (e.g., street buy, patient's own legal prescription), and its route of administration (e.g., oral, injection). Only one reason for the ED contact and one reason for taking substances is recorded, regardless of the number of substances involved.

CONSIDERATIONS WHEN INTERPRETING DAWN DATA

When reporting and interpreting findings from this report, the reader needs to recognize what DAWN data are and what they are not. DAWN data do not measure the frequency or prevalence of drug use in the population, but rather the health consequences of drug use that are reflected in visits to hospital EDs. Moreover, estimates of drug episodes and mentions may increase or decrease for reasons unrelated to the size or characteristics of the drug-using population. The reader should consider the following when interpreting DAWN data estimates.

- The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one patient may make repeated visits to an ED. DAWN data contain no personal identifiers, which would be required to estimate repeat visits.

- DAWN data may be affected by data collection procedures and thereby reflect changes in hospital services or operations. A hospital in one city may open a new detoxification unit that diverts drug-related episodes away from the ED. Conversely, in another city, people may go to the ED to seek care for detoxification because they are unable to gain admission to a drug treatment facility or because they need medical certification before entering treatment.

- Estimates of drug-related ED episodes or mentions may be affected by reporting patterns. For example, a change to computer-based recordkeeping systems in a hospital ED could increase or decrease the number of ED visits identified as drug related.

- Greater awareness and knowledge of drug-related problems may result in a greater propensity for ED staff to record drug use in the ED record. Alternatively, the sensitivity of drug-related problems may reduce patients' willingness to disclose drug use and providers' willingness to record it in the permanent medical record.

- Estimates of drug-related ED episodes or mentions are affected if the weights applied to the data change in an irregular way. We routinely investigate irregular weights and data, and review of the weights and data used in this report did not reveal any factors that are unduly responsible for the trends reported.

- Trends may be affected by additional factors concerning the sample composition. See Appendix B for more information regarding sampling.

- Graphs illustrating trends in drug mentions often use different scales for the vertical axes.

INTERPRETATION OF STATISTICAL SIGNIFICANCE

The estimated numbers of episodes and mentions reported in detailed tables in this report are accompanied by *p*-values of statistical tests for differences between time periods. In tables presenting estimates for half years, 2 comparisons are made: the second half of 1999 is compared to the first half of 2000, and the first halves of 1999 and 2000 are compared. In tables presenting estimates for full years, 1999 is compared to 1998 and also to 1997. However, the purpose of this report is to release preliminary estimates for the first half of 2000. Estimates for full years are presented in this report primarily for reference.

There exists the potential for seasonal distortion of comparisons between the second half of one year and the first half of another. Therefore, the discussion of findings in this report focuses primarily on comparisons between the first halves of 1999 and 2000.

In describing statistically significant differences in this report, the traditional level of statistical significance (*p* less than 0.05) is used. The tables show both *p*-values and the direction of difference indicated by "+" and "-" signs for statistically significant comparisons. The statistical test used to determine the significance levels are t-tests (with infinite degrees of freedom). That is, the change score, or the difference between the 2 estimates, is divided by the standard error of the estimate. A value of zero is expected under the null hypothesis.

Although tests for statistical significance are important tools in interpreting data, significance does not always imply that the difference is large or important. Small changes that are statistically significant may occur frequently at the metropolitan area level in DAWN due to the selection of all eligible hospitals (which constitutes a census) in Baltimore, Buffalo, Denver, San Diego, and San Francisco [see the 1994 Annual ED Data, Series I, Number 14-A, DHHS Pub. No. (SMA) 96-3104, page 10], along with sampling many other metropolitan areas at a high frequency. The closer the sample is to a census, the higher is the likelihood that a change will be statistically significant, no matter how small it may be. While technically there is no sampling variability in the 5 areas noted, some variability is due to the hospitals' nonresponse, which is treated as sampling error in the variance calculations.

Nonsampling errors such as nonresponse and reporting errors may affect the outcome of significance tests. While *p* less than 0.05 significance level is used to determine statistical significance in the DAWN ED sample, large differences associated with slightly higher *p*-values (specifically those between 0.05 and 0.10) may be worth noting. On the other hand, statistically significant differences are not always meaningful, because the size of the difference may be small or because the significance may have occurred simply by chance. In a series of 20 independent tests, it is to be expected that one test will indicate a significant difference merely by chance even if there is no real difference in the populations compared. The text often discusses more than one comparison within a given table (e.g., comparing percentages for different subgroups). However, we have made no attempt to adjust the level of significance to account for these multiple comparisons. Therefore, the probability of falsely rejecting the null hypothesis at least once in a family of comparisons is higher than the significance level given for individual comparisons (in this report, 0.05).

EXPLANATION OF TABLES

The tables included at the end of this report present estimates of total drug episodes, total drug mentions, and mentions of 35 specific drugs plus alcohol-in-combination. Also included are detailed tabulations for cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed mentions. Drug mentions are shown by metropolitan areas, age, gender, race/ethnicity, central city versus outside central city, motive for taking the substance, and reason for ED visit. Data shown in these tables are based on the representative sample of hospitals that was implemented in 1988 and updated periodically since then.

Odd numbered tables report semi-annual data from the second half of 1994 through the first half of 2000. Even numbered tables report annual data from 1992 through 1999.

Tables 29 to 56 report semi-annual and annual rate data adjusted for population. The rate tables present estimates of ED drug episodes and mentions per 100,000 population in metropolitan areas and in the Nation broken out by age and gender.

Unlike DAWN ED reports published for data prior to 1999, the relative standard errors (RSEs) for these data are presented on the Internet in a similar tabular format at http://www.DrugAbuseStatistics.samhsa.gov/. The RSEs for corresponding rates and estimates are identical. For this reason, many of the corresponding tables have been combined. That is, the Internet Tables RSE-1 to RSE-16 correspond to Tables RSE-29 to RSE-44.

CONSIDERATIONS WHEN READING DETAILED DATA TABLES

For many of the trends described in the text bullets of this report, the actual numbers cited are found in the cited source table. In other instances, typically when the trend is described as a percentage change, the statistic was derived from the cited source table.

In this report, estimates with RSEs of 50 percent or higher are regarded as too imprecise and are not published. With an RSE of 50 percent, the 95-percent confidence interval for an estimate ranges from 2 to 198 percent of the estimate's value. In the tables, the symbol "…" is substituted for estimates with an RSE of 50 percent or higher. The 3-dot symbol identifies cells in which the estimates do not meet the standard of precision required for publication.

Historically, in DAWN ED reports for 1998 and earlier, estimates of less than 10 were not shown in the tables because we deemed them and their associated RSEs to be unreliable. Percentages corresponding to these numbers were shown or suppressed according to the same rules.

Beginning with the 1999 ED data, estimates of less than 10 are no longer suppressed in DAWN Detailed ED Tables or other ED reports. Many estimates as small as this will be suppressed by virtue of having RSEs greater than 50 percent. For those that are shown in the tables, we note for the reader that small numbers and their associated RSEs should be interpreted with caution.

Beginning with the 1999 ED and 1997 ME data, we began suppressing small cells in selected tables to protect the confidentiality of individuals who are the subjects of these data. We will continue this practice for tables that involve detailed cross tabulations of patient and geographic characteristics.

As described in Appendix A, the DAWN ED data for 1995 through 1997 were reweighted and reprogrammed, and the data presentations were improved during 1998. In addition, the graphic presentations emphasize changes across the decade from 1990 through 2000.

SEMI-ANNUAL TRENDS IN TOTAL DRUG EPISODES

This section presents semi-annual estimates from the DAWN survey on the number of total drug-related ED episodes and mentions of particular drugs. Because of the potential for seasonal variations affecting comparisons of the second half of 1999 with the first half of 2000, the discussion of findings centers around comparisons of the first halves of 1999 and 2000. Long-term trends in drug-related ED episodes are shown in Figures 1 and 2.

What is Statistically Significant?

DAWN reports consider a difference to be statistically significant if the associated *p*-value is less than 0.05. This indicates a 95 percent chance that the difference did not occur by chance alone.

TOTAL DRUG-RELATED EPISODES

- From January through June 2000, DAWN estimates that there were 292,098 drug-related ED episodes in the coterminous U.S. with 535,646 drug mentions (1.83 mentions per episode). Total drug-related ED episodes were statistically unchanged from the first half of 1999, which had 278,304 episodes and 509,909 drug mentions (Table 1 and Figure 1). By contrast, ED visits overall increased 1.2 percent over the same period.

- Cocaine continued to be the most frequently mentioned illicit drug, comprising 28 percent of episodes and 81,361 mentions in the first half of 2000. Cocaine was followed in frequency by marijuana/hashish (16%, 47,535 mentions), heroin/morphine (16%, 47,008 mentions), amphetamine (3%, 7,510), and methamphetamine/speed (2%, 6,980 mentions) (Table 1).

- Alcohol-in-combination was mentioned in 33 percent (97,143) of ED drug episodes in the first half of 2000 (Table 1). Note that alcohol is reported to DAWN only when present in combination with another reportable drug.

CHANGES FROM 1999 TO 2000

- A comparison of the first halves of 1999 and 2000 revealed:

  - No significant changes for alcohol-in-combination, cocaine, marijuana/hashish, or LSD (Table 1);

  - Significant increases for PCP/PCP combinations (49%), methamphetamine/speed (48%), amphetamine (32%), and heroin/morphine (22%);

  - Increases among the following OTC/prescription drugs: hydrocodone (51%) and acetaminophen (20%); and

  - No significant decreases in any of the drugs listed in these tables.

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

- Total drug-related ED episodes and mentions of cocaine were stable across all demographic categories from the first half of 1999 to the first half of 2000 (Tables 17 and 21).

- Comparing the first halves of 1999 and 2000, mentions of heroin/morphine increased in the 26 to 34 and 35 and over age groups (31% and 22%, respectively, Table 23). Increases were also apparent for both genders (21% each) and for whites (27%) and blacks (17%).

- Across the demographic categories, marijuana/hashish mentions increased between the first halves of 1999 and 2000 only for Hispanics (44%, Table 25).

- Mentions of methamphetamine/speed increased for patients age 12 to 17 and for males (Table 27). However, estimates for this particular drug tend to be volatile and these changes may not persist throughout the year.

EPISODE CHARACTERISTICS

- Motives for taking substances

  - In drug-related ED episodes during the first half of 2000, dependence (103,617 episodes) and suicide (95,778 episodes) were the most frequently cited motives for taking substances (Table 17) and were statistically unchanged in comparison with the first half of 1999.

  - Twenty percent (57,808) of episodes had other or unknown motives during the first half of 2000 (Table 17). This was statistically unchanged from the first half of 1999.

- Reasons for ED contact

  - Overdose (in 130,043 episodes) was the most frequently cited reason for the drug-related ED contacts in the first half of 2000 (Table 17), an increase of 12 percent over the first half of 1999 (with 116,361 episodes, Table 17).

  - Thirteen percent (39,306) of ED episodes had other or unknown reasons for the ED visit during the first half of 2000 (Table 17). This was statistically unchanged from the first half of 1999.

Figure 1
Number of total drug-related episodes, cocaine mentions, and heroin/morphine mentions: January-June 1990 through January-June 2000

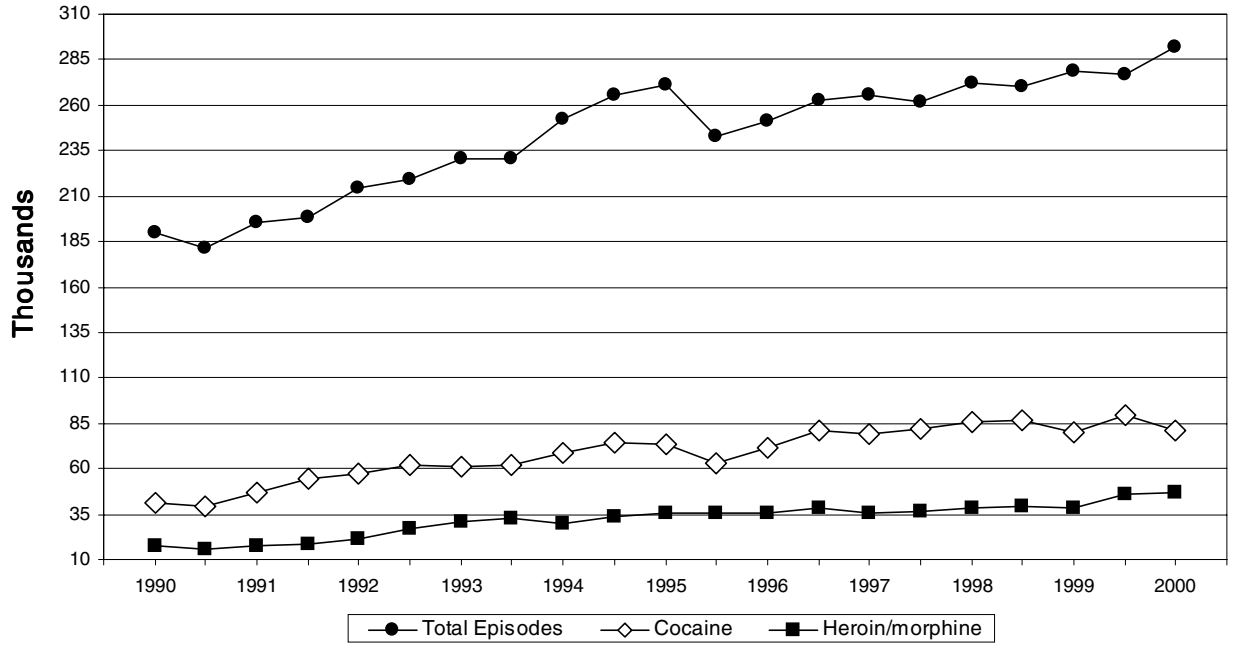
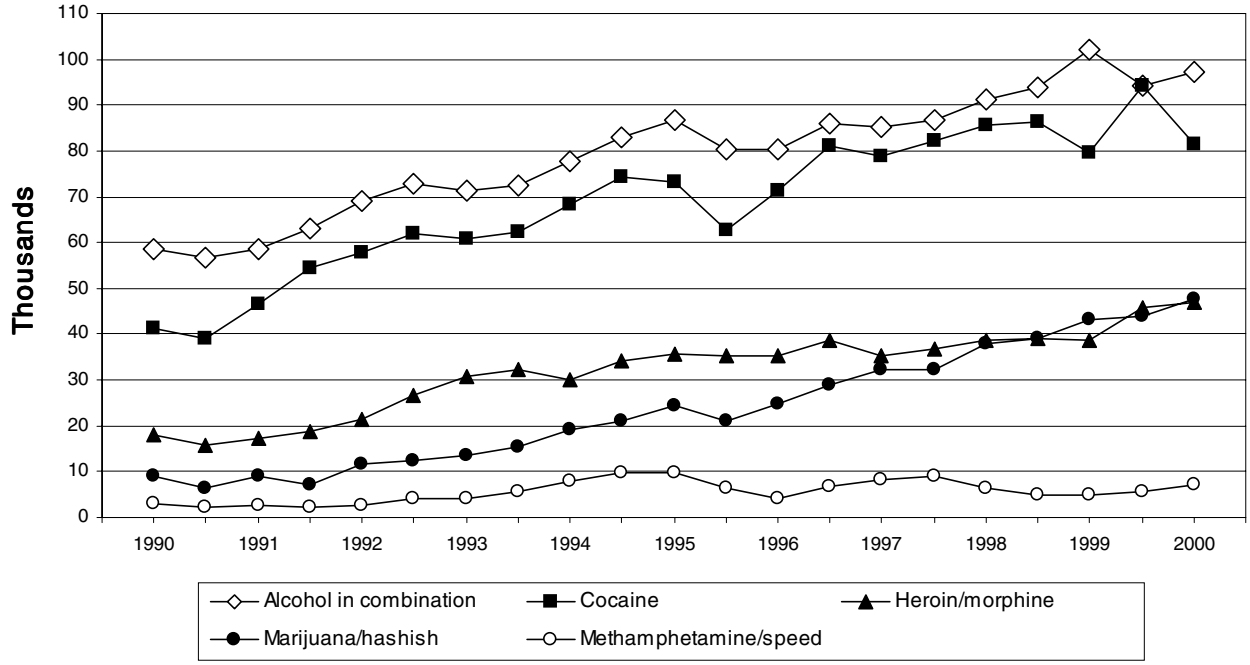


Figure 2
Number of drug-related mentions by selected drugs: January-June 1990 through January-June 2000



SEMI-ANNUAL TRENDS IN COCAINE MENTIONS

This section presents semi-annual estimates of the number of cocaine mentions in drug-related ED episodes. It is important to recall that an ED episode can include mentions of one or more drugs, and previous DAWN data have documented that cocaine is often found in combination with other drugs. Long-term trends in cocaine mentions for subgroups of patients, based on age and race/ethnicity, are shown in Figures 3 and 4.

- Cocaine mentions, which rose steadily from 1990 to 1998, remained relatively stable from the first half of 1999 (79,582) to the first half of 2000 (81,361) (Figure 2 and Table 21).

- No significant changes in cocaine mentions were evident for age, gender, or race/ethnicity groups, based on comparisons of the first halves of 1999 and 2000 (Table 21).

- From the first half of 1999 to the first half of 2000, cocaine mentions increased in 4 of the 21 metropolitan areas oversampled in DAWN and decreased in another 4 (Table 7). Increases in cocaine mentions were found in San Francisco (47%), Seattle (31%), San Diego (24%), and Atlanta (20%). Decreases were found in Baltimore (32%), New York (15%), New Orleans (14%), and Newark (13%).

Figure 3
Number of cocaine mentions by age:
January-June 1990 through January-June 2000

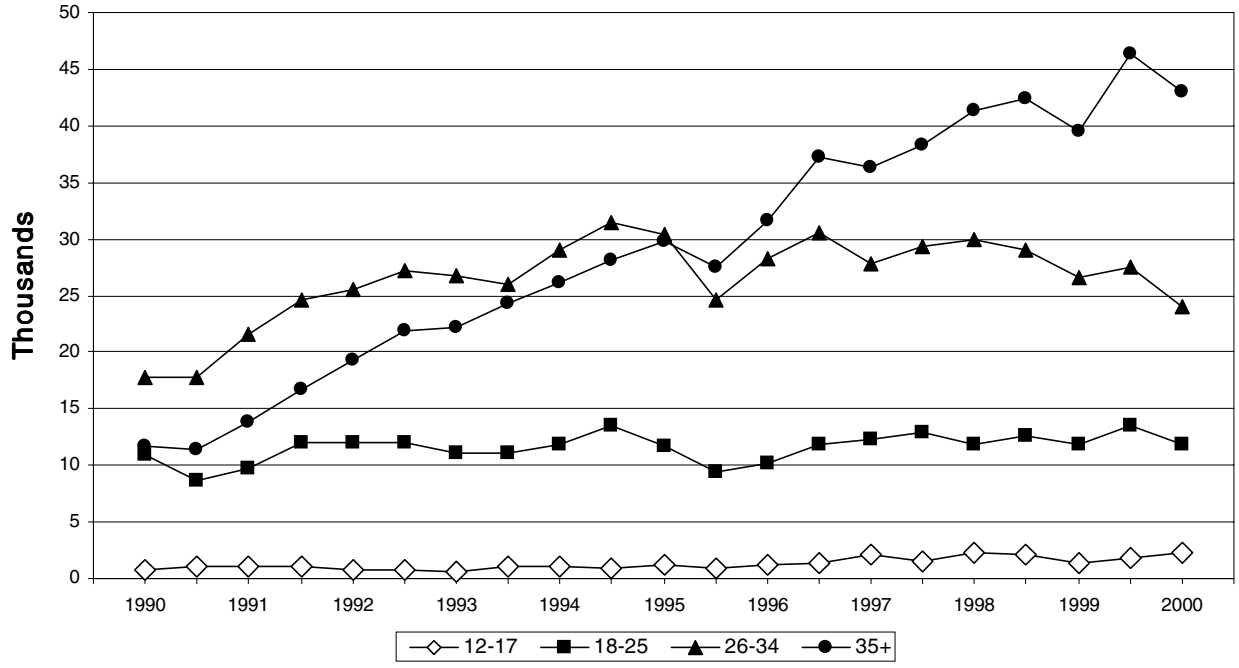
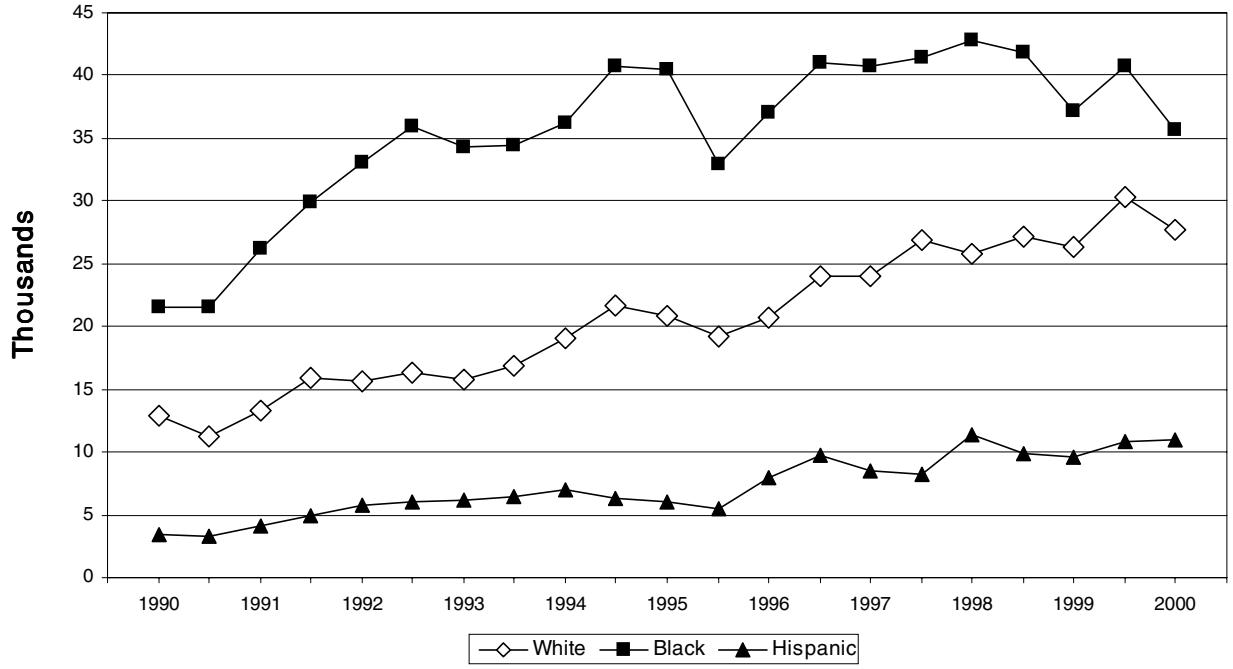


Figure 4
Number of cocaine mentions by race/ethnicity:
January-June 1990 through January-June 2000

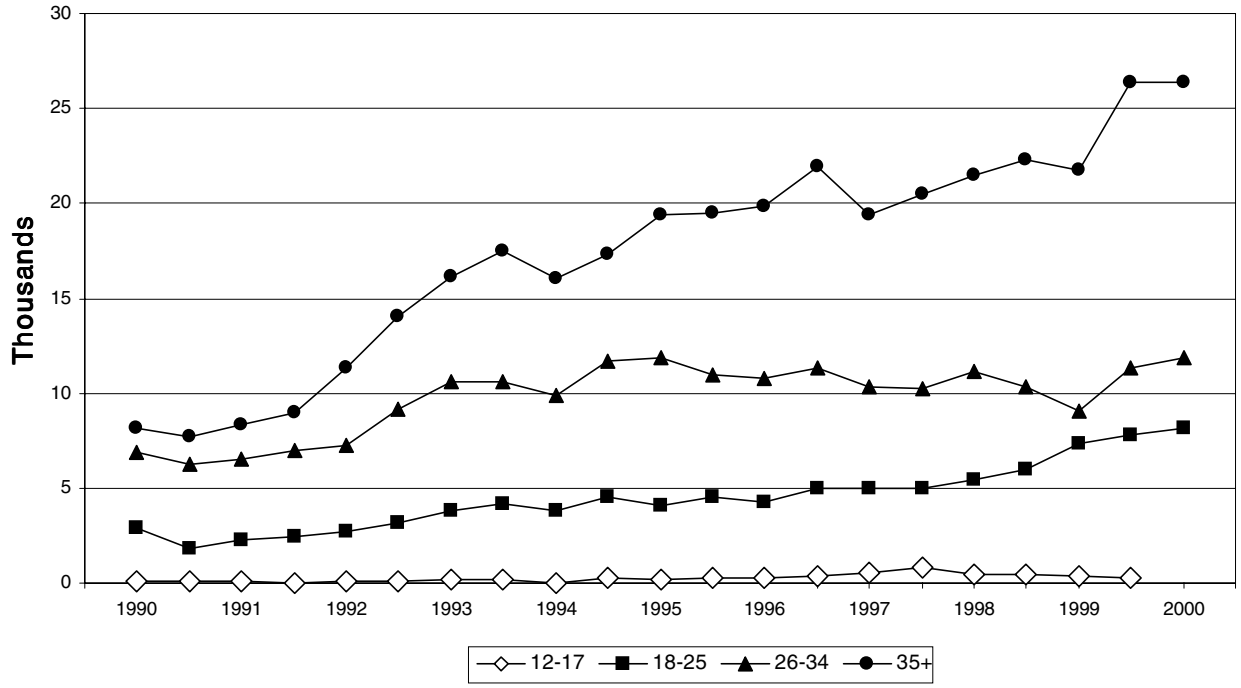


SEMI-ANNUAL TRENDS IN HEROIN/MORPHINE MENTIONS

This section presents semi-annual estimates of the number of heroin/morphine mentions in drug-related ED episodes. It is important to recall that an ED episode can include mentions of one or more drugs, and previous DAWN data have documented that heroin/morphine is often found in combination with other drugs. Figures 5 and 6 illustrate long-term trends in heroin/morphine mentions among subgroups of patients, based on their age and race/ethnicity.

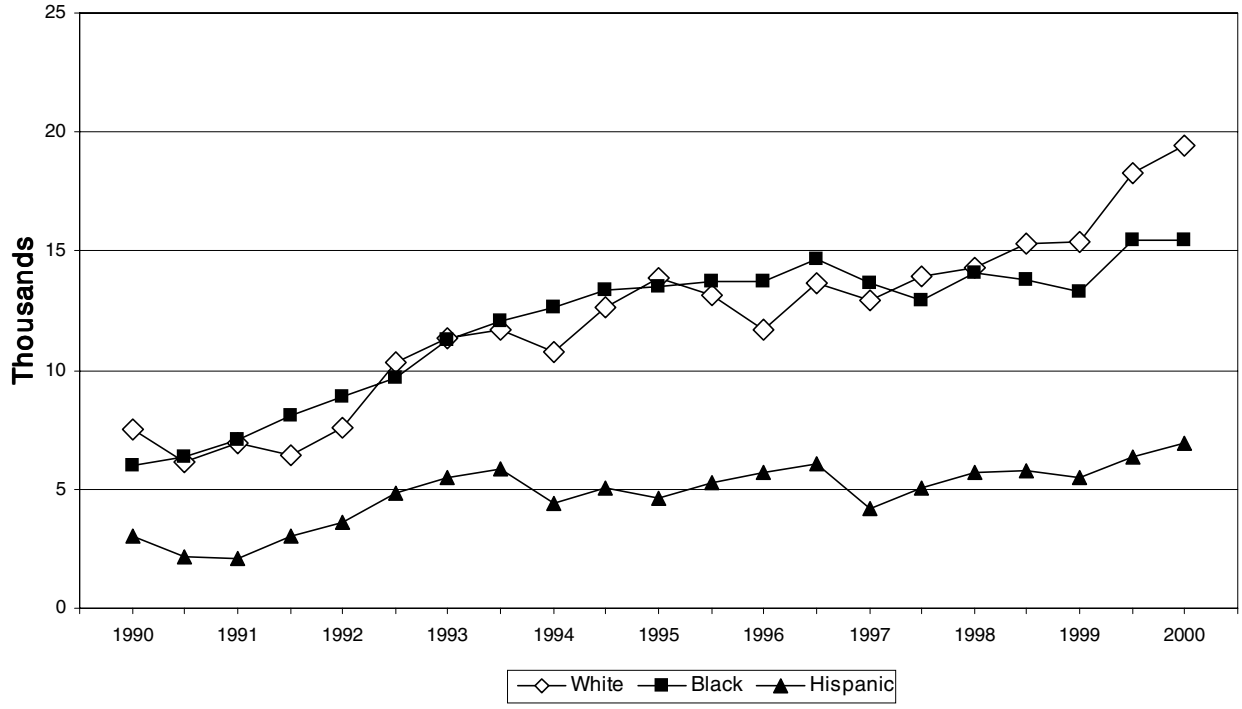
- Heroin/morphine mentions increased 22 percent from the first half of 1999 (38,565 mentions) to the first half of 2000 (47,008) (Table 23).
- From the first half of 1999 to the first half of 2000, heroin/morphine mentions increased:
  - 31 percent (from 9,041 to 11,850) for adults age 26 to 34 and 22 percent (from 21,726 to 26,400) for adults age 35 and over (Table 23);
  - 21 percent for males (from 26,048 to 31,472) and females (from 12,308 to 14,842); and
  - 27 percent for patients reported as white (from 15,364 to 19,455) and 17 percent for patients reported as black (from 13,292 to 15,487).
- During the same period, heroin/morphine mentions were unchanged for young adults age 18 to 25 and for patients reported as Hispanic (Table 23).
- From the first half of 1999 to the first half of 2000, heroin/morphine mentions increased in 8 of the 21 metropolitan areas oversampled in DAWN and decreased in 1 (Table 9). The decrease came in Baltimore (18%, Table 9). Increases were found in New Orleans (62%), Buffalo (58%), Miami-Hialeah (50%), San Francisco (34%), Detroit (33%), Boston (32%), Atlanta (25%), and San Diego (24%).

Figure 5
Number of heroin/morphine mentions by age:
January-June 1990 through January-June 2000*



*The estimate for heroin/morphine mentions for patients age 12 to 17 for the first half of 2000 does not meet the standard of precision. Therefore, it is not shown.

Figure 6
Number of heroin/morphine mentions by race/ethnicity:
January-June 1990 through January-June 2000



SEMI-ANNUAL TRENDS IN MARIJUANA/HASHISH MENTIONS

When reported as DAWN ED mentions, marijuana/hashish is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. The following reports the number of marijuana/hashish mentions based on semi-annual data from the DAWN survey. Figures 7 and 8 show the long-term trends in marijuana/hashish mentions by patient subgroups, based on race/ethnicity.

- There were 47,535 mentions of marijuana/hashish mentions during the first half of 2000, which was statistically unchanged since the first half of 1999 (43,109 mentions) (Table 25).

- There were no significant changes in marijuana/hashish mentions by age or gender, between the first halves of 1999 and 2000 (Table 25). By race, marijuana/hashish mentions changed only for patients reported as Hispanic, with an increase of 44 percent (from 3,799 to 5,464 mentions), from the first half of 1999 to the first half of 2000.

- From the first half of 1999 to the first half of 2000, marijuana/hashish mentions increased in 5 of the 21 metropolitan areas oversampled in DAWN and decreased in 3 (Table 11). The increases were found in San Francisco (121%), Seattle (60%), Miami-Hialeah (49%), Denver (33%), and San Diego (26%). A decrease of 20 percent was found in Phoenix, and decreases of 17 percent were found in Newark and Philadelphia.

Figure 7
Number of marijuana/hashish mentions by age:
January-June 1990 through January-June 2000

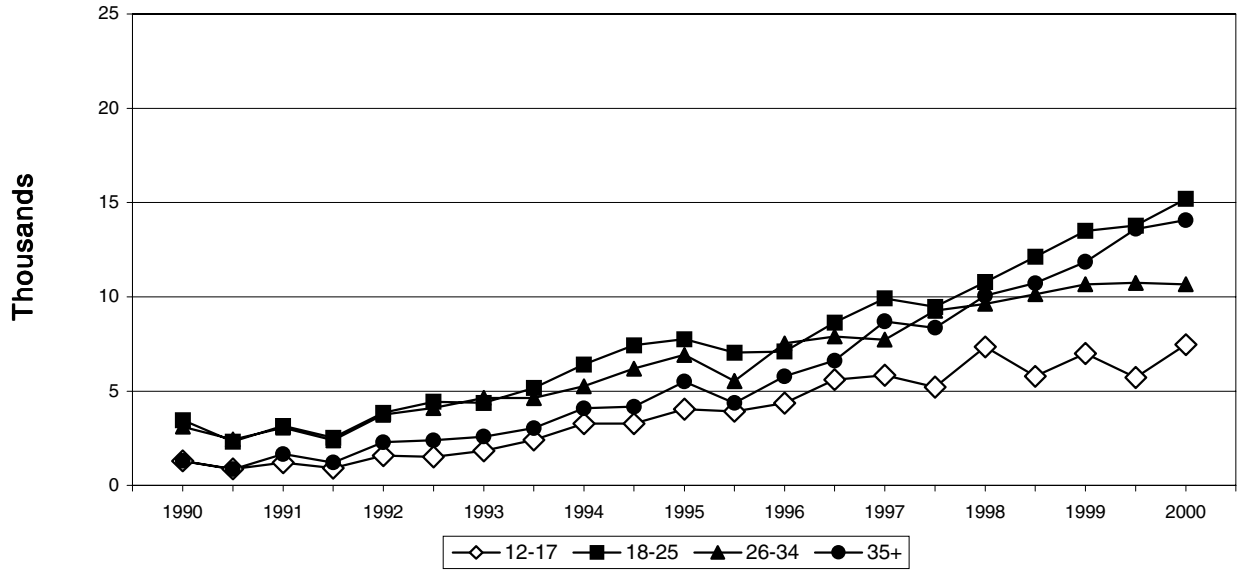
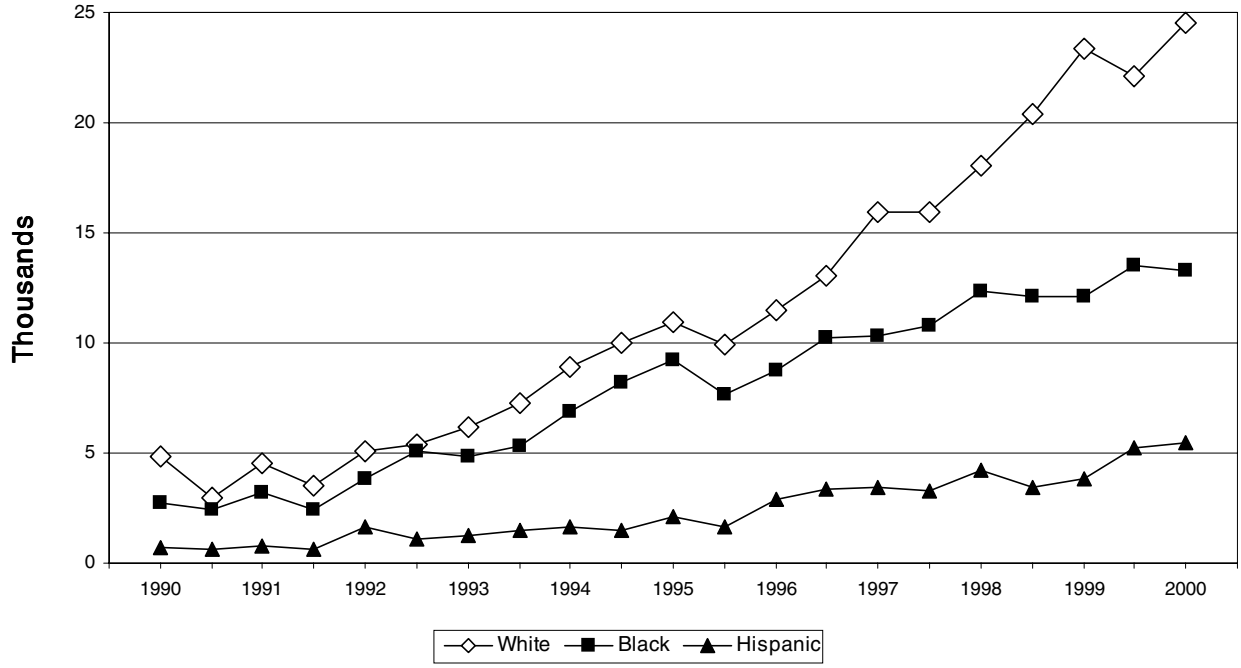


Figure 8
Number of marijuana/hashish mentions by race/ethnicity:
January-June 1990 through January-June 2000



SEMI-ANNUAL TRENDS IN OTHER ILLICIT DRUG MENTIONS

This section presents estimates for selected other illicit drugs not previously addressed. These drugs are sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more drugs.

METHAMPHETAMINE/SPEED

- In the first half of 2000, methamphetamine/speed was mentioned in 2 percent (6,980) of all drug-related episodes (Table 1). This number was 48 percent greater than in the first half of 1999, which had 4,730 mentions. It is important to remember that national estimates of methamphetamine/speed mentions tend to fluctuate substantially from year to year.

- Among the 5 metropolitan areas with the greatest number of methamphetamine/speed mentions, there were significant increases between the first halves of 1999 and 2000 in Seattle (80%), San Diego (71%), and Phoenix (67%) (Table 13). Methamphetamine/ speed mentions were statistically unchanged for the same period in Los Angeles-Long Beach and San Francisco.

AMPHETAMINE

- The estimated number of amphetamine mentions rose 32 percent from 5,668 mentions in the first half of 1999 to 7,510 mentions in the first half of 2000 (Table 1).

PCP/PCP COMBINATIONS

- In the first half of 2000, there were 3,153 ED mentions of PCP/PCP combinations, which was 49 percent greater than in the first half of 1999 (Table 1). The number of PCP/PCP combination mentions, which began to decline in 1996, has since leveled off (Table 2).

LSD

- During the first half of 2000, there were 2,096 ED mentions of LSD, which is not significantly different than the 2,427 mentions for the first half of 1999 (Table 1).

SEMI-ANNUAL TRENDS IN PRESCRIPTION AND OVER-THE-COUNTER DRUG-RELATED EPISODES

Generic name	Brand name
acetaminophen	Tylenol
alprazolam	Xanax
amitriptyline	Elavil
carbamazepine	Tegretol
carisoprodol	Soma
clonazepam	Klonopin
cyclobenzaprine	Flexeril
diazepam	Valium
diphenhydramine	Benadryl
doxepin	Sinequan
d-propoxyphene	Darvocet N, Darvon
fluoxetine	Prozac
haloperidol	Haldol
imipramine	Tofranil
lithium carbonate	Eskalith
lorazepam	Ativan
naproxen	Naprosyn
oxycodone	Percocet 5, Percodan, Tylox
thioridazine	Mellaril
trazodone	Desyrel
triazolam	Halcion

DAWN also receives reports of ED episodes involving the nonmedical use of legal drugs. Accidental overdoses of over-the-counter (OTC) or prescription drugs taken as directed are not reportable unless they were used in combination with an illicit drug. Generally, most drug-related episodes involving OTC drugs report *suicide attempt or gesture* as the motive for use. In addition, alcohol is reportable only when used in combination with another drug.

- Mentions of alcohol-in-combination occurred in 33 percent (97,143) of ED drug episodes in the first half of 2000. Mentions of alcohol-in-combination remained stable between the first half of 1999 and the first half of 2000 (Table 1).

- A comparison of the first half of 1999 and the first half of 2000 revealed (Table 1):

  - Increases in mentions of hydrocodone (51%, from 6,341 to 9,549) and acetaminophen (20%, from 14,531 to 17,438); and

  - No other significant changes in OTC drug mentions.

SEMI-ANNUAL TRENDS IN SELECTED METROPOLITAN AREAS

This section presents findings for the 21 selected metropolitan areas oversampled in DAWN. Readers should note that small changes in the estimates for Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences because all eligible hospitals are included in the sample for those cities. Tables 3 through 16 contain the metropolitan area estimates and estimates for the National Panel, which represents hospitals outside those areas. We remind the reader that these estimates for the first half of 1999 are preliminary, and apparent differences may not persist once the full year's data have been compiled.

- Nationwide, total ED drug episodes and drug mentions were stable from the first half of 1999 to the first half of 2000 (Table 1). However, significant increases in drug episodes were found in 5 metropolitan areas oversampled in DAWN (Table 3)– Seattle (31%, from 3,933 to 5,151), Boston (21%, from 5,784 to 7,022), Miami-Hialeah (21%, from 3,402 to 4,118), San Diego (18%, from 3,239 to 3,819), and Atlanta (18%, from 4,897 to 5,756). Significant decreases were found in 2 metropolitan areas – Baltimore (20%, from 7,122 to 5,708) and Newark (9%, from 4,085 to 3,728) (Table 3).

COCAINE

- From the first half of 1999 to the first half of 2000, cocaine mentions remained relatively stable nationwide (from 79,582 to 81,361, Table 1). For this period, cocaine mentions increased in 4 of the 21 metropolitan areas oversampled in DAWN and decreased in another 4 (Table 7). Increases in cocaine mentions were found in San Francisco (47%), Seattle (31%), San Diego (24%), and Atlanta (20%). Decreases were found in Baltimore (32%), New York (15%), New Orleans (14%), and Newark (13%).

HEROIN/MORPHINE

- DAWN data showed a 22 percent increase in heroin/morphine mentions nationwide between the first halves of 1999 and 2000 (from 38,565 to 47,008, Table 1). For this period, heroin/morphine mentions increased in 8 of the 21 metropolitan areas oversampled in DAWN and decreased in 1 (Table 9). The decrease came in Baltimore (18%). Increases were found in New Orleans (62%), Buffalo (58%), Miami-Hialeah (50%), San Francisco (34%), Detroit (33%), Boston (32%), Atlanta (25%), and San Diego (24%).

OTHER ILLICIT DRUGS

- Marijuana/hashish mentions remained stable nationwide between the first half of 1999 and the first half of 2000 (from 43,109 to 47,535, Table 1). For this period, marijuana/hashish mentions increased in 5 of the 21 metropolitan areas oversampled in DAWN and decreased in 3 (Table 11). The increases were found in San Francisco (121%), Seattle (60%), Miami-Hialeah (49%), Denver (33%), and San Diego (26%). A decrease of 20 percent was found in Phoenix, decreases of 17 percent were found in Newark and Philadelphia.

- Methamphetamine/speed mentions increased 48 percent nationwide between the first halves of 1999 and 2000 (from 4,730 to 6,980, Table 1). Among the 5 metropolitan areas with the greatest number of methamphetamine/speed mentions, there were significant increases for this period in Seattle (80%), San Diego (71%), and Phoenix (67%) (Table 13). Methamphetamine/speed mentions were statistically unchanged for the same period in Los Angeles-Long Beach and San Francisco.

ESTIMATED RATES OF EMERGENCY DEPARTMENT EPISODES AND MENTIONS

This chapter presents population-based rates for total drug-related ED episodes and mentions for selected drugs based on data presented in Tables 29 through 56. Data on drug mention rates supplement data on total numbers of drug episodes. By considering the number of drug mentions relative to the size of the general population, the rate data standardize the drug mention and episode data and allow drug mention frequencies to be compared among selected drugs, metropolitan areas, and gender and age groups.

As with all DAWN estimates, readers should remember that the same patient may be involved in multiple drug-related episodes within a given time period. Therefore, the estimates presented in this report pertain to total ED episodes, not to the number of different patients involved in these episodes. In this context, rates should be regarded not as prevalence rates but as indicators of the number of ED drug abuse episodes or mentions per 100,000 population. Population information is taken from the Census (see Appendix A).

During the first half of 2000, ED visits involving drug mentions occurred at the rate of 119 ED episodes per 100,000 population in the coterminous U.S. (Table 29). The rate of total ED visits, including those not related to drug abuse, was 18,742 per 100,000 population during the first half of 2000 (Tables 29 and 43).

During the first half of 2000, the 6 cities included in DAWN with the lowest rate of ED episodes per 100,000 population were Minneapolis-St. Paul (98), Los Angeles-Long Beach (125), Dallas (126), Denver (150), St. Louis (137), and Washington, DC (127). The rate for the first half of 2000 for the National Panel was 96 episodes per 100,000 population (Table 31).

During the first half of 2000, the highest rates of ED drug episodes and mentions per 100,000 population occurred for:

- Alcohol-in-combination (40), cocaine (33), marijuana/hashish (19), and heroin/morphine (19) (Table 29).
- Total drug episodes in San Francisco (279), Seattle (263), Baltimore (242), Chicago (242), Philadelphia (223), Miami-Hialeah (213), Atlanta (206), and Newark (203) (Table 31).
- Cocaine in Chicago (121), Miami-Hialeah (110), Atlanta (105), and Philadelphia (105) (Table 35).
- Heroin/morphine in Baltimore (123), Newark (117), Chicago (102), and San Francisco (101) (Table 37).
- Marijuana/hashish in Detroit (50), Atlanta (49), and Philadelphia (49) (Table 39).
- Methamphetamine/speed in the western U.S.: San Diego (18), San Francisco (18), Seattle (14), and Phoenix (12) (Table 41).

- Males for total drug abuse episodes (126, Table 45) and mentions (231, Table 47), cocaine (44, Table 49), heroin/morphine (27, Table 51), and marijuana/hashish (26, Table 53).

- Adults age 26 to 34 for cocaine (73, Table 49).

- Young adults age 18 to 25 for marijuana/hashish (53) (Table 53).

- Adults age 26 to 34 and young adults age 18 to 25 for total drug episodes (200 and 208, respectively, Table 45), total drug mentions (376 and 373, Table 47), heroin/morphine (36 and 29, Table 51) and methamphetamine/speed (7 and 7, Table 55).

DISCUSSION OF RESULTS

This report presents preliminary estimates from the DAWN ED component for the period from January to June 2000. Experience tells us that these estimates and the conclusions from them may change as the year's data submissions become complete and final estimates become available. In addition, half-year data may reflect seasonal and reporting anomalies in the data that do not correspond to actual changes in ED episodes. For these reasons, trends revealed from final estimates developed from full-year data tend to be more robust. We ask that you keep these factors in mind when assessing the meaning of these findings and their relationship to trends reported previously from DAWN.

Whereas the previous sections of this report discuss trends for particular drugs, metropolitan areas, and population-based rates of drug-related ED visits, this section focuses on issues that cut across those topics discussed previously.

OVERVIEW OF THE FINDINGS

DAWN preliminary estimates presented for the first time in this report reveal that total drug-related ED episodes and drug mentions were stable from the first half of 1999 to the first half of 2000. This is consistent with the pattern of relative stability observed for full years from 1995 through 1999 (Figure 1). Similarly, mentions of cocaine and marijuana/hashish were unchanged from the first half of 1999 to the first half of 2000. However, estimates of ED mentions of other illicit drugs revealed significant increases in PCP/PCP combinations, methamphetamine/speed, amphetamine, and heroin/morphine between the first halves of 1999 and 2000 (Figure 2).

These preliminary estimates show no changes for most prescription and OTC drug mentions reported to DAWN. Only mentions of hydrocodone and acetaminophen increased significantly between the first halves of 1999 and 2000.

Across the 21 metropolitan areas oversampled in DAWN, increases in cocaine mentions (4 metro areas), heroin/morphine mentions (8 metro areas), and marijuana/hashish mentions (5 metro areas) were more common than decreases, based on comparisons of the first halves of 1999 and 2000. Cocaine mentions decreased in Baltimore, New York, New Orleans, and Newark, but increased in San Francisco, Seattle, San Diego, and Atlanta. Heroin/morphine mentions decreased only in Baltimore, but increased in New Orleans, Buffalo, Miami, San Francisco, Detroit, Boston, Atlanta, and San Diego. Marijuana/hashish mentions decreased in Phoenix, Newark, and Philadelphia, but increased in San Francisco, Seattle, Miami, Denver, and San Diego.

Estimates of methamphetamine/speed mentions have been shown previously to be quite volatile at the national level. Among the 5 metropolitan areas with the highest numbers of methamphetamine/speed mentions in the first half of 2000, significant increases were found in 3 (Seattle, San Diego, and Phoenix), while mentions in the other 2 (Los Angeles-Long Beach and San Francisco) were unchanged between the first halves of 1999 and 2000.

CONCLUSION

It is important to remember that DAWN data show only one dimension of the total consequences of drug use. DAWN measures the impact of drug use that manifests in visits to hospital EDs. It does not measure the prevalence of drug use in the population, the untreated health consequences of drug use, or the impact of drug use on health care settings other than hospital EDs.

Many factors can influence the estimates of ED visits, including trends in ED usage in general. Comparing the first half of 1999 to the first half of 2000, the period covered by this report, the number of drug-related ED visits was unchanged while total ED visits increased a modest 1 percent. Drug users may have visited EDs for a variety of reasons, some of which may have been life threatening. Others may have sought care at the ED for detoxification, because they needed medical certification before entering treatment. These reasons for seeking ED care almost certainly vary across the different substances reported to DAWN. In some instances, the DAWN data may also reflect changes in hospital services or operations. For example, a hospital that opens a new detoxification unit may experience an increase in drug-related ED visits; a change in computer systems may result in systematic changes in drug-episode identification.

Changes in the number of drug-related emergencies may also be due to changes in the use of drug combinations; patterns of drug use, such as route of administration; amount of drug used per administration; drug purity; or drug price. For example, a decrease in the purity of cocaine or heroin/morphine could result in fewer users experiencing unexpected reactions and overdoses.

However, estimates of drug-related ED episodes could also increase or decrease over time for reasons totally unrelated to the size of the drug using population. Examples of some of these possible factors are:

- Greater awareness of these problems by hospital staff who therefore report drug use more carefully on medical charts,
- Changing patterns of use of EDs by drug users,
- Different ED usage patterns by population subgroups, and
- Other data collection or sample composition changes (see Appendix B).

Finally, experience has shown that preliminary estimates from a half-year of data often yield premature conclusions. Because of the potential for seasonal distortion of comparisons between the second half of one year and the first half of another, this report has focused primarily on comparisons between the first halves of 1999 and 2000. There is no guarantee that statistically significant differences observed between 2 half-years will remain once the data for 2000 are complete and estimates for the full year are produced.

APPENDIX A: DETAILED DESCRIPTION OF DAWN

I. SAMPLE DESIGN

The Drug Abuse Warning Network (DAWN) is a voluntary, national data collection system that gathers information on substance abuse that manifests in visits to hospital emergency departments (EDs) in the coterminous U.S. Currently, DAWN provides semi-annual and annual estimates of the number of drug-related visits to hospital EDs from a nationally representative sample of hospitals located throughout the coterminous U.S. The DAWN system is managed by the Office of Applied Studies (OAS), a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

Several changes have been made to the sample design since DAWN began in 1972 under the Drug Enforcement Administration (DEA). In the early 1970s, the DAWN sample consisted of a random sample of hospital EDs. Over time, however, a number of facilities were lost from the original sample because of closures, mergers, attrition, or voluntary termination. New hospitals were recruited to participate, but no sample maintenance plan was devised for selecting new hospitals to sustain the randomness of the sample. As a result, attrition and nonrandom replacement led to a sample that was no longer representative of all hospital EDs in the coterminous U.S.

When the National Institute on Drug Abuse (NIDA) assumed responsibility for DAWN in 1980, one of the agency's goals was to implement a new sample that could be used to produce estimates for the Nation as a whole and for the separate DAWN metropolitan areas. Once a design was determined and the units were selected, the sample required the recruitment of 300 new hospitals. The cost of the project delayed its initiation until early 1986.

Hospitals eligible for DAWN are non-Federal, short-stay general surgical and medical hospitals in the coterminous U.S. that have a 24-hour ED. The American Hospital Association's (AHA) 1984 and 1985 Annual Surveys of Hospitals were used to obtain a sampling frame. (For a definition of sampling frame and other technical terms used in this report, see the Glossary of Terms in Appendix C.)

Hospitals in the sampling frame were stratified according to several characteristics. First, the sampling frame was divided into the 21 DAWN metropolitan areas and the remainder of the country (called the National Panel). Hospitals having 80,000 or more annual ED visits were assigned to a single stratum for selection with certainty. Then, the remaining hospitals in the 21 metropolitan areas were classified by location – inside or outside the central city – and by whether the hospital had an organized outpatient department and/or a chemical/alcohol inpatient unit – whether they had zero, one, or both types of units. Similarly, hospitals in the National Panel were classified by the presence/absence of such units.

The 21 metropolitan area boundaries correspond to the Office of Management and Budget (OMB) 1983 definitions of Metropolitan Statistical Areas (MSAs) and Primary Metropolitan

Statistical Areas (PMSAs) with a few exceptions. In the case of the Boston metropolitan area, the OMB definition was replaced by the definition for the New England County Metropolitan Area. In several metropolitan areas, use of the PMSAs excluded some counties covered by DAWN prior to 1988, such as Nassau and Suffolk Counties in New York, certain counties in the Chicago area, and Niagara County in the Buffalo area. In other areas, such as Atlanta, counties not previously covered in DAWN were included. In addition to geographic coverage, the central cities in the new statistical areas differ from those in the old SMAs used previously in DAWN. For example, Hialeah joined Miami as a central city in the new Miami-Hialeah area, and Long Beach joined the Los Angeles-Long Beach area. In some instances in this report, only the first city name is cited, but it always refers to the complete metropolitan area.

Sample sizes for the metropolitan areas and the National Panel were determined for each stratum so as to achieve specified levels of precision in the estimates. In this context, precision refers to the amount of sampling fluctuation inherent in the estimate; the less the fluctuation, the greater the precision. Target precision levels were expressed as relative standard errors (RSEs), defined as the ratio of the standard error (SE) of an estimate to the value of the estimate, expressed as a percentage. Lower RSE values are associated with higher levels of precision and, other things being equal, increases in sample size serve to reduce the RSE and thus increase the level of precision of the estimates. Target RSEs were 6 percent for the national estimates; 6 percent for the New York, Chicago, and Los Angeles-Long Beach metropolitan areas; and 8 percent for all other metropolitan areas. In 5 of the metropolitan areas (Baltimore, Buffalo, Denver, San Diego, and San Francisco), such a large proportion of facilities in each area would have been required to reduce the RSE to 8 percent that the decision was made simply to select all eligible hospitals.

Once the sample size for each metropolitan area and the National Panel was determined, the number of sample units was allocated to the various strata based on the theory of optimal allocation. With this approach, strata with greater variability in drug-related episodes (from hospital to hospital) receive a proportionally larger number of sample units. Optimal allocation serves to reduce the RSE of the estimates for a given overall sample size or to enable a specified RSE to be achieved with a smaller sample.

A total of 685 hospitals was selected for the new sample. Many of the facilities selected, particularly the larger ones, were already participating in DAWN. As noted earlier, 300 new hospitals had to be recruited. Recruitment started in April 1986 and proceeded in phases. By 1988, recruitment of the selected facilities was sufficiently complete to produce estimates based on the new sample.

Some facilities already participating in DAWN were not selected for the new sample. These facilities were retained in the system for sufficient time to obtain overlapping data for calibrating the estimates and developing estimation procedures for prior years. The period of overlap differed by metropolitan area but generally included the last quarter of 1988 and the first half of 1989. Most terminations of nonselected facilities were made in the second half of 1989 or in 1990.

The total number of eligible sample facilities has not remained at the original 685 because some hospitals have closed or become ineligible since the sample was selected. To preserve the integrity of the sample and ensure that the DAWN estimates will continue to be representative, sample maintenance is performed annually. Maintaining the sample involves updating the sampling frame with the most recent available information on the population of eligible hospitals. One purpose for updating the sampling frame is to identify newly eligible

hospitals, or hospitals that are eligible and previously did not have a chance of selection, so that they can be sampled. A second purpose, which focuses on the estimation process, is to determine the population of eligible hospitals that the estimates must apply to, as well as the total number of ED visits among this population, which is used in the calculation of the analytical weights.

II. WEIGHTS

By 1988, hospital recruitment progressed to a point where national estimates and estimates for each of the 21 metropolitan areas could be made with reasonable precision. National estimates are obtained by adding the estimates from the 21 metropolitan areas and the estimate from the National Panel for each estimation category.

The development of estimates from the sample data involves the application of analytical weights calculated on the basis of data from the sampling frame and from DAWN reporting records. Weights are calculated for each quarter of data using a 4-component model that considers:

- The base sampling weight calculated as the reciprocal of the sampling probability;
- An adjustment for atypical reporting, applicable to certain hospitals that merge, split, or respond in an unusual way;
- An adjustment for nonresponse based either on complete nonparticipation or failure to provide data on all the reporting days in a given time period; and
- A correction (benchmark) factor, applied within metropolitan areas, that adjusts the total number of ED visits among participating sample hospitals to the total for the population of hospitals as determined from the sampling frame.

The estimation procedure was modified in 1990 to include the adjustments for 2 types of nonresponse and the adjustment for ratio or benchmark, which is based on ancillary data from AHA.

III. PRECISION OF ESTIMATES AND STANDARDS FOR PUBLICATION

As indicated previously, each estimate from the DAWN ED sample data is subject to sampling variability, which is the variation in the estimate that would be observed if different samples were drawn from the same population using the same procedures. The sampling variability of an estimate is measured by its standard error (SE) and relative standard error (RSE), which is defined as the SE expressed as a percentage of the value of the estimate. If there are 10,000 estimated mentions of a given drug and this estimate has an SE of 500, then the RSE value is 5 percent. Therefore

$$RSE = SE/Estimate$$

Confidence intervals (CIs) for estimates can be calculated using the corresponding RSE values published on the Internet at http://www.DrugAbuseStatistics.samhsa.gov/. If the sampling distribution for the estimate is normal, then the 95-percent confidence intervals would be calculated as

$$CI = Estimate \pm 1.96 \times RSE \times Estimate$$

where 1.96 comes from the table of normal distribution z-values. Ninety-five percent of the normal distribution lies between the z-values of ± 1.96.

Applying the formula in our example, the confidence limits would be as follows:

$10{,}000 \pm 1.96 \times 0.05 \times 10{,}000 = 10{,}000 \pm 980.0$
Lower limit: 10,000 - 980 = 9,020
Upper limit: 10,000 + 980 = 10,980
Confidence interval: 9,020 to 10,980

This means that if new samples were drawn from the same population of hospitals using the same sampling and data collection procedures, then the estimated total mentions of the drug in question would lie between 9,020 and 10,980 in 95 percent of the sample hospitals.

One simple rule is that in 68 percent of the episodes, estimates derived from repeated sampling would be expected to differ from the observed estimate by a percentage no more than the RSE value in either direction.

It is important to recognize when this CI formula should and should not be used. This formula can be used to calculate CIs around individual estimates, but some statistical comparisons between estimates (e.g., tests for differences across time) should not be made using this formula. For example, a reader might want to calculate CIs around two estimates and use those CIs to make a statistical comparison for which we did not publish a statistical test. (We publish only a fraction of the statistical tests that might be of interest.) However, the CI formula above may yield overlapping CIs even when the difference between the two estimates is statistically significant. This is because a comparison of two estimates must take into account not only the variance (var) of each estimate but also the covariance (cov) between the estimates as follows:

$$var(x - y) = var(x) + var(y) - 2cov(x,y)$$

Therefore, the above method for calculating CIs can be used only to compare independent estimates (i.e., where the covariance is zero). Whenever two estimates are not independent, as with ED episodes in two different years, their covariance must be taken into account.

The tests of statistical significance published in DAWN tables account for the covariance between estimates from different years. From this, we know that the covariance between DAWN estimates is often sizable. Given the tremendous number of possible comparisons between DAWN estimates, it is not possible to publish comprehensive covariance matrices at this time.

IV. PRELIMINARY VERSUS FINAL ESTIMATES

Final estimates are produced annually when all hospitals participating in DAWN have submitted their data for that year and when ancillary data used in estimation have become available. In recent years, the final report has included separate final estimates for the first half and the second half of the year, although quarterly estimates have been produced in earlier years. In addition to the final estimates, preliminary estimates are also produced semiannually based on responding hospitals. Data are weighted to produce national and metropolitan area estimates of ED drug-related mentions. The following factors clarify differences between preliminary and final estimates:

- Final estimates include data from a small number of late-reporting hospitals. Data are continuously updated for a fixed time period. As such, final estimates usually have higher response rates.

- Additional hospitals are added to the sample and incorporated into the final estimates for a given year (not the preliminary estimates for that same year). Most of these hospitals are "newly eligible" because they became DAWN eligible sometime after the original sample was selected. The final DAWN estimates are produced after we receive the most current AHA Annual Survey of Hospitals file. This file is used initially to establish a sampling frame for DAWN. The most current AHA file is used once a year to maintain representativeness of the sample. Between the releases of the preliminary and final estimates, the use of the newer AHA survey can result in hospitals being added to the sample and incorporated into the final estimates.

- Data from the most current AHA file also are used to produce the final weights.

V. DEVELOPMENT OF POPULATION-BASED ED VISIT RATES

The U.S. Bureau of the Census defines *Metropolitan Area* (MA) as the city core and its immediately adjacent geographic areas that are highly integrated economically and socially with the city core. Population-based rates are obtained by taking the estimates of total episodes and mentions for each demographic category, and dividing by the number of patients in the population for that demographic category. These standardized data provide the means for comparing drug episodes and mentions by city over time. Semi-annual numbers are based on the first half of the year and are not comparable to annual numbers, which are based on 12-month data. Semi-annual and annual numbers for 1988 or earlier can be accessed via the Internet (see page ii) or by ordering earlier reports (see the publications list at the end of this report).

Population data are derived from the following U.S. Bureau of the Census files:

- Civilian Noninstitutional Population of the U.S. by Age, Race, and Sex (CNP Tables), which provides monthly population estimates by age, gender, race, and Hispanic origin for the total U.S.;

- 1990 Census Counts by Age, Sex and Race (ASR File), which provides population estimates by state and county, broken out by combinations of age, gender, race, and Hispanic origin; and

- County-Level Population Estimates (CPOP File), which provides estimates of annual total population by county as of July 1 of each year.

Population data are obtained by:

- Adjusting the CPOP annual county population counts to the 1990 ASR demographic counts to produce annual county demographic counts;

- Adjusting the annual county demographic counts to the CNP to produce monthly county demographic counts; and

- Summing the monthly county demographic counts across all counties in the MA and across all months in the quarter (half-year or year) to produce semi-annual or annual demographic counts for each DAWN area.

VI. REVIEW OF ESTIMATION SYSTEM

In 1997 and 1999, a thorough review of the DAWN estimation system was undertaken by Westat. As a result of this review, the computer programs that compute the weighted estimates were rewritten to make them more accurate and efficient. While the methodology for computing weights did not change, errors were discovered in the prior programs that affected the estimates for 1995 and 1996. Final estimates for these 2 years were presented in the 1997 Mid-Year Preliminary Report for the first time. The 1995 estimate of total drug-related episodes decreased by less than 1 percent (from 517,800 to 513,600) while the 1997 estimate increased by 5.5 percent (from 487,600 to 514,300). These changes had varying effects on the metropolitan area estimates.

The following changes had the greatest effect on the estimates:

- A change was made in the method for assigning eligibility status to a hospital. The current system tracks partial year eligibility, which improves the sensitivity of the DAWN nonresponse adjustment. Formerly, there was no recognition that a hospital could change its eligibility status during the year.

- A concerted effort was made to ascertain the current eligibility status of all nonparticipating DAWN sampled hospitals. Changes in status from eligible nonrespondent to ineligible (or vice versa) also affected the nonresponse adjustment.

APPENDIX B:
LIMITATIONS OF THE DAWN DATA

I. SOURCES OF ERROR

When producing estimates from any sample survey, 2 types of errors are possible—sampling and nonsampling errors. The sampling error of an estimate is the error caused by the selection of a sample instead of a census of hospitals. Sampling error is reduced by selecting a large sample or by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation. Nonsampling errors include nonresponse, difficulties in the interpretation of the collection form, coding errors, computer processing errors, errors in the sampling frame, and reporting errors.

Many procedures, such as data auditing and periodic retraining of data collectors, are used in DAWN data collection to minimize nonsampling errors. Moreover, nonrespondent hospitals are identified for additional recruitment. Late reporters are assigned for priority data collection and respondents with changes in reporting are designated for follow-up. Since data are abstracted from medical records completed by hospital staff who treated the patients, the accuracy of these reports depends on their careful recording of these conditions.

It is also important to recognize that DAWN does not provide a complete picture of problems associated with drug use, but rather focuses on the impact that these problems have on hospital EDs in the U.S. If a patient is admitted to another part of the hospital for treatment, or treated in a physician's office or at a drug treatment center, the episode would not be included in DAWN.

II. CHANGES IN SAMPLE COMPOSITION AND REPORTING OF EPISODES

Periodic minor modifications are made to the sample to keep it current. Adjustments are made in the weights to account for sample revisions and for any lapses in reporting by the sampled hospitals. It is unlikely that modifications to the sample will affect estimates of the total drug, cocaine, and heroin/morphine mentions over time. Analyses of the previous changes in the sample composition have found them to have little impact on trends across several years.

It is important to consider the potential impact on DAWN trends from changes in the sample composition or reporting anomalies in key sample hospitals, particularly for metropolitan area data. Historically, DAWN analysts and field staff have attempted to identify and document such situations in the period before data release, and events that may have had a significant impact on the estimates were published in this section.

However, choosing the particular situations to highlight often involves more art than science, given that the actual impact on the estimates rarely has been known at the time of publication. This practice led us to question whether the situations that were being highlighted actually had the anticipated impact on DAWN estimates.

We analyzed some specific situations highlighted in recent DAWN reports to determine if those situations had the anticipated effect on DAWN estimates. These analyses have shown

that, generally, the types of situations published previously as limitations did not have the anticipated effects. Changes in small hospitals do not have a large impact on the estimates, and the DAWN estimation system already corrects for many nonsampling errors. Extensive quality control measures have been implemented to investigate and address irregularities in the data prior to publication.

As a result of this analysis, we have concluded that listing inconsequential, nonsampling errors discredits the DAWN system unnecessarily and possibly contributes to misinterpretation of DAWN data. Therefore, we have discontinued reporting data limitations unless the impact on the estimates is clear.

APPENDIX C:
GLOSSARY OF TERMS

***Coterminous U.S*:** The contiguous 48 continental States and Washington, DC. Excludes Alaska and Hawaii.

Disposition of ED patient: Suggestions or recommendations made or actions taken by the hospital as they relate to the patient's presenting problem:

- *Treated and released or referred* - The patient is given appropriate ED treatment and is released or, after appropriate ED treatment, the hospital refers the patient to another agency or to a private physician for additional services.
- *Admitted to hospital* - The patient is admitted as an inpatient to hospital.
- *Left against medical advice* - The patient, prior to or after treatment, left without a physician's approval.
- *Died* - The patient died while in ED or while an inpatient.

Drug abuse: The nonmedical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture (see ***Drug use motive***). For the purpose of this report, nonmedical use means:

- The use of prescription drugs in a manner inconsistent with accepted medical practice;
- The use of over-the-counter drugs contrary to approved labeling; or
- The use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide.

Drug abuse episode: A reported ED admission that involved drug abuse. Episodes involving children under 6 years of age are not reported to the DAWN system. The number of ED patients in DAWN is not synonymous with the number of patients involved. One patient may make repeated visits to an ED or to several EDs, thus producing a number of episodes. As no patient identifiers are collected, it is impossible to determine the number of patients involved in the reported episodes.

Drug abuser: An ED patient who had taken a substance(s) without proper medical supervision for reason(s) of psychic effect, dependence, or suicide attempt/gesture. See also ***Drug abuse***.

Drug category: A generic grouping of substances reported to DAWN. The DAWN drug groupings are periodically reviewed in order to reflect the most recent changes in pharmaceutical classifications and drug legislation. Occasional changes in drug classification should be taken into consideration when comparing drug data from this report with other DAWN reports. These classifications may involve street names and brand names, which are sometimes used to identify a substance and its generic drug group. Such names are carried in DAWN due to the inability of some drug users to

reliably identify a substance other than by its street name. Therefore, references to substances such as "speed" appear in the tables. Additional clarification is provided for the following drug categories:

- *Alcohol-in-combination* - DAWN does not gather data on alcohol used alone, only alcohol used concomitantly with another abused substance. Therefore, all alcohol mentions are combination mentions.

- *Heroin/morphine* - Although heroin may be the ingested drug, it is metabolized to morphine. Therefore, heroin and morphine are treated as a single drug.

- *Marijuana/hashish* - As both marijuana and hashish are derived from the cannabis plant and have tetrahydrocannabinol (THC) as their psychoactive ingredient, they are treated as a single drug in this report.

- *Diazepam* - Mentions of desmethyldiazepam, a metabolic product of diazepam, are combined with those of diazepam in this report.

- *Methamphetamine/speed* - Data for methamphetamine and speed were shown separately in prior reports. To facilitate analyses, data on these 2 DAWN methamphetamine categories are now shown together under the aggregate category of "methamphetamine/speed."

- *Fluoxetine and imipramine* - In DAWN reports for 1988, mentions of Prozac, an antidepressant first marketed in December 1987, were misassigned to the imipramine category. In this report, Prozac has been removed from the imipramine group, combined with generic fluoxetine, and tabulated under the category of "fluoxetine."

- *Drug unknown* - "Drug unknown" may be recorded either when the user did not know what had been taken or perhaps did not wish to reveal the use of an illicit substance, or when data were not available in the hospital records.

Drug concomitance: This term refers to whether a drug abuse episode involved a single drug mention or multiple mentions.

Drug mention: This refers to a substance that was mentioned in a drug abuse episode. In addition to alcohol-in-combination, up to 4 substances can be reported for each drug abuse episode. Therefore, the total number of mentions exceeds the number of total episodes.

Drug use motive: DAWN classifies ED drug abuse episodes according to one or more of the following reasons for taking a substance(s):

- *Psychic effects* - A conscious action to use drugs to improve or enhance any physical, emotional, or social situation or condition. Two categories of psychic effect are:

  - Use of drugs for experimentation or to enhance a social situation (e.g., curious, peer pressure, to get high, fun, "for kicks," to party); and

- Use of drugs to improve or enhance any mental, emotional, or physical state (e.g., depression, anxiety, relieve headache, reduce pain, stay awake, relax, help study, get to sleep).

- *Dependence* - A psychic and/or physical state characterized by behavior that always includes a compulsion to take the drug on a continuous or periodic basis in order to experience its effects or to avoid the discomfort of its absence (e.g., have to take, had to have, needed a fix).

- *Suicide attempt or gesture* - Successful or unsuccessful suicide attempt or gesture verified by a witness, a note left by patient, physician's medical record note, or other evidence.

- *Other reason* - Self-medication for physical ailment, to prevent pregnancy or induce abortion, accident, used unknowingly, etc.

Facility location: Data from the 21 metropolitan areas in the DAWN ED sample are tabulated separately for central cities and areas outside central cities.

***Form in which drug was acquired/found*:** The form in which the substance was received by the user/abuser is coded, not the form in which the substance was consumed.

Hospital emergency department (ED): Only hospitals that met eligibility criteria for DAWN were recruited to participate. To be eligible, hospitals must be non-Federal, short-stay facilities with EDs that are open 24 hours a day, and located in the coterminous U.S. Specialty hospitals, hospital units of institutions, long-term care facilities, and pediatric hospitals are excluded.

Metropolitan area: An area composed of a relatively large core city or cities and the adjacent geographic areas. Conceptually, these areas are integrated economic and social units with a large population nucleus. Facilities recruited for the DAWN ED sample were selected from the Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) as defined in 1983 by the Office of Management and Budget.

National Panel: This term is used to denote 2 concepts: (1) The universe of eligible hospitals outside the 21 DAWN metropolitan areas but within the coterminous U.S. or (2) The sample of hospitals in DAWN that were selected from this universe. The National Panel sample is weighted to produce estimates for the National Panel universe. See also ***Metropolitan area.***

p-value: The probability value is the actual probability associated with an obtained statistical result; this is then compared with the significance level to determine whether that value is statistically significant. For the *p*-value to be significant, it must be less than or equal to the significance level. The traditional significance levels are *p* less than .001, .01, .05, and .10. The *p*-value less than .05 is used in DAWN reports.

Population: See ***Universe***.

Precision: The extent to which an estimate agrees with its mean value in repeated sampling. The precision of an estimate is measured inversely by its standard error (SE) or relative standard error (RSE). In this report, estimates with an RSE of 50 percent or higher are

regarded as too imprecise and are not printed. Table cells where such estimates would have appeared contain the symbol ". . ." (3 dots). See also ***Relative standard error***.

Race/ethnicity: The race/ethnicity categories on the DAWN data collection form are:

- White, not of Hispanic origin - A patient having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black, not of Hispanic origin - A patient having origins in any of the black racial groups of Africa.
- Hispanic patient of Mexican, Puerto Rican, Cuban, or Central or South American, or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan Native - A patient having origins in any of the peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander - A patient having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Other - A patient whose race cannot be classified into any of the categories above. This residual category was reinstated on the DAWN form in July 1991 after having been removed in an earlier revision.

Random sample: A sample in which each member of the sampling frame has a known, nonzero probability of selection.

Rank: A rank indicates the relative frequency of mentions for a particular drug category within the total DAWN system. For example, a drug category ranked second indicates that it accounted for the second highest number of mentions among all drug categories. When 2 or more drugs received equal numbers of mentions, they are assigned the same rank. It should be noted that a difference in rank should be considered only as indicative of a difference in frequency among drugs reported to DAWN, no matter how small, and not as necessarily denoting a meaningful or significant difference. For example, a difference of one between ranks of drug categories could mean a difference of one drug mention or a difference of many.

Reason for ED contact: Drug users reported to an ED and DAWN contact for the following reasons:

- *Unexpected reaction* - The drug's effect was different than anticipated, thus, causing concern (e.g., bad trip, panic, hallucinations, etc.).
- *Overdose* - Either intentional or accidental (e.g., effects of suicide attempt, coma, etc.).
- *Withdrawal* - Symptoms that occur when a patient stops taking a substance upon which she/he is physiologically dependent and suffers physical symptoms, including abdominal pain, cold sweat, hyperactivity, and tremors that require treatment.

- *Chronic effects* - Secondary conditions resulting from habitual usage or dependence, including malnutrition, tetanus, blood poisoning, etc.

- *Seeking detoxification* - Patients with identified problems with chronic substance abuse who seek admission to a detoxification program and receive treatment from emergency department staff. This category was added to the data collection form in 1987.

- *Accident/injury* - Injuries resulting from accidents that were caused by or related to drug abuse. This category was added to the data collection form in 1987.

- *Other* - Reasons that cannot be classified into one of the aforementioned categories.

Reason for taking substance*:** See ***drug use motive.

Relative standard error (RSE): A measure of the sampling variability or precision of an estimate defined as the estimate's SE expressed as a percentage of the estimate's value. (See also ***Precision*** and ***Standard error***.)

Route of drug administration: The method by which the substance was taken into the user/abuser's body is coded according to the following categories:

- Oral – Substance is ingested through the mouth.

- Injection – Substance enters the body through a vein (intravenously), into the muscle (intramuscularly), or under the skin (subcutaneously).

- Inhaled - Gases or fumes of a substance are taken into the body by inhaling through the nose or mouth into the lungs (e.g., inhaling the fumes of glue, aerosols, paints, gasoline, etc.).

- Smoked (includes freebase) - Substance (e.g., marijuana/hashish, "crack" cocaine) is consumed by smoking a cigarette, pipe, or similar device.

- Sniffed/snorted - Substance (e.g., cocaine, heroin/morphine), which is acquired in a powder or crystalline form, is forcefully inhaled through the nose.

- Other - Used when the route of administration of the substance cannot logically be included as any of the above.

Sampling frame: A list of units from which a sample is drawn. All members of the sampling frame have a probability of being selected. A sampling frame is constructed such that there is no duplication and each unit is identifiable. Ideally, the sampling frame and the universe are the same. The sampling frame for the DAWN hospital ED sample is the American Hospital Association (AHA) annual survey.

Sampling unit: A member of a sample selected from a sampling frame. For the DAWN sample, the units are hospitals, and data are collected for all drug-related ED episodes at the responding hospitals selected for the sample.

Sampling weights: Numeric coefficients used to derive population estimates from a sample.

Single-drug episode: A drug abuse episode that involved only one drug.

***Source of substance*:** The immediate source of the substance that the patient abused is coded as follows:

- *Legal prescription* - This is coded only when the abuser was legally prescribed the drug of abuse. If one patient obtains a drug by legal prescription and sells it to another who abuses it, the source to the abuser is marked "street buy." If the patient for whom the prescription was issued gives the drug to another patient who abuses it, the source to the abuse is "other unauthorized procurement."

- *Street buy* - The drug abuser purchased a drug and/or prescription from a source other than legitimate channels.

- *Other unauthorized procurement* - The drug was acquired in a manner not consistent with accepted medical care but was not bought on the street. This category includes drugs purchased using forged prescriptions, stolen, or received as a gift.

- *Other* - Used when the source of the substance cannot logically be included as any of the above. This category includes all over-the-counter medications.

- *Unknown* - Reported when information on source was unavailable.

Standard error (SE): A measure of the sampling variability or precision of an estimate. The SE of an estimate is expressed in the same units as the estimate itself. For example, an estimate of 10,000 cocaine mentions with an SE of 500 indicates that the SE is 500 mentions.

Strata (plural), stratum (singular): Subgroups of a population within which separate samples are drawn. Stratification is used to increase the precision of estimates for a given sample size, or, conversely, to reduce the sample size required to achieve the desired level of precision. In the DAWN ED sample, the sample is stratified into 21 metropolitan area cells plus an additional cell for the National Panel. Then, within these cells strata are defined according to the annual number of ED visits, whether the hospital is located inside or outside the central city of the metropolitan area, and by the presence or absence of an organized outpatient department, alcohol/chemical dependence inpatient unit, or both. The strata are as follows:

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the 21 DAWN metropolitan areas			
0	≥80,000	Not applicable	Not applicable
1	<80,000	Central city	Both
2	<80,000	Central city	One only
3	<80,000	Central city	Neither
4	<80,000	Outside Central city	Both
5	<80,000	Outside Central city	One only
6	<80,000	Outside Central city	Neither

Stratum	Annual ED visits	Location within metropolitan area	Outpatient department or alcohol/chemical dependence inpatient unit
In the National Panel			
0	≥80,000	Not applicable	Not applicable
7	<80,000	Not applicable	Both
8	<80,000	Not applicable	One only
9	<80,000	Not applicable	Neither

Note: Stratum "0" is defined for each of the 21 metropolitan area and the National Panel cells. See *Drug Abuse Warning Network Sample Design and Estimation Procedures: Technical Report*, November 1997.

Statistically significant*:** A difference between 2 estimates is said to be statistically significant if the value of the statistic used to test the difference is larger or smaller than would be expected by chance alone. For DAWN estimates, the difference is statistically significant if the *p*-value is less than 0.05 (see also ***p-value).

***Therapeutic class*:** A general grouping of generic drugs such as tranquilizers, narcotic analgesics, barbiturate sedatives, etc. These groupings are based primarily on a pre-existing classification used in the National Drug and Therapeutic Index (IMS America, Ltd.). The DAWN system has accumulated a vocabulary of more than 7,300 substance names that have been mentioned in incidents of abuse. This vocabulary is updated monthly by the inclusion of new abuse substances and, through receipt of identifying information, the reclassification of drugs. Occasionally, this reclassification may shift a drug to a different therapeutic class and/or drug grouping.

Universe: The entire set of units for which generalizations are drawn. The universe for the DAWN hospital ED sample is all short-stay, non-Federal hospitals in the coterminous U.S. with EDs open 24 hours a day. (See also ***Coterminous U.S.***).

Detailed Tables

Table 1 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by half year: Second half 1994 - first half 2000

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
DRUG EPISODES	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	278,304	276,628	292,098	0.028 +	0.559
DRUG MENTIONS	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	509,909	505,297	535,646	0.044 +	0.575
Alcohol-in-combination	83,138	86,587	80,338	80,400	85,785	85,230	86,751	91,067	93,936	102,138	94,139	97,143	0.440	0.759
Cocaine	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	79,582	89,182	81,361	0.005 -	0.702
Heroin/morphine	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,565	45,843	47,008	0.646	0.008 +
Acetaminophen	17,225	18,850	17,713	20,214	18,051	18,428	17,020	17,384	14,873	14,531	13,728	17,438	0.000 +	0.046 +
Aspirin	9,390	8,601	8,128	8,569	7,285	7,555	7,068	7,487	7,969	6,826	5,989	8,002	0.015 +	0.153
Ibuprofen	9,253	10,590	10,660	8,593	8,386	8,474	8,595	8,769	8,376	7,503	6,897	9,096	0.037 +	0.071
Alprazolam	9,129	9,059	8,023	8,795	7,860	8,686	8,782	9,049	8,783	10,023	10,461	10,304	0.875	0.837
Marijuana/hashish	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	43,109	44,041	47,535	0.306	0.533
Diazepam	7,691	7,404	6,843	6,520	7,081	6,830	6,537	5,846	6,912	5,155	6,251	6,359	0.860	0.142
Amitriptyline	5,238	4,848	4,050	5,286	3,587	4,385	4,059	3,671	3,038	2,476	3,240	3,321	0.889	0.218
Acetamin./codeine	3,698	3,427	3,402	2,885	2,948	3,570	3,019	2,341	2,703	1,864	1,857	2,070	0.634	0.647
OTC sleep aids	3,649	3,340	3,454	4,269	3,358	3,417	2,667	3,062	2,688	2,552	2,433	3,638	0.064	0.087
Lorazepam	6,530	6,072	5,184	5,411	4,623	5,505	5,313	5,636	4,836	5,965	4,726	5,942	0.107	0.986
d-Propoxyphene	3,507	3,654	3,361	3,527	3,252	3,411	4,203	3,934	2,951	3,727	2,525	3,380	0.080	0.539
Fluoxetine	4,769	4,719	4,781	5,155	4,441	5,385	5,111	5,364	4,448	5,499	3,880	3,934	0.909	0.065
Diphenhydramine	5,092	4,919	3,766	4,459	4,947	4,765	4,039	3,365	2,745	2,611	2,857	2,767	0.826	0.772
Methamphetamine/speed	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,730	5,717	6,980	0.076	0.015 +
Oxycodone	1,990	1,829	1,564	1,495	1,696	2,165	2,692	2,293	2,918	3,060	3,369	5,261	0.141	0.073
PCP/PCP combinations	3,057	3,233	3,004	1,976	1,948	2,210	1,985	2,143	1,890	2,120	2,849	3,153	0.580	0.020 +
Lithium carbonate	3,443	3,834	2,873	2,667	2,011	2,781	2,083	1,840	1,642	2,422	1,444	1,555	0.741	0.206
Clonazepam	6,204	6,381	6,421	6,834	6,541	7,364	7,233	8,863	8,587	8,831	7,754	9,300	0.032 +	0.643
Hydantoin	1,469	1,997	1,579	1,544	1,391	1,420	1,014	1,408	1,568	1,600	1,287	1,097	0.513	0.431
Hydrocodone	4,328	4,532	4,445	5,741	4,732	5,170	5,535	5,830	6,739	6,341	8,298	9,549	0.270	0.043 +
LSD	3,169	2,651	3,029	2,474	2,095	3,677	1,542	1,767	3,215	2,427	2,699	2,096	0.327	0.466
Triazolam	427	407	369	458	267	179	142	350	188	282	278	...	...	...
Phenobarbital	1,050	1,346	1,542	1,266	1,069	1,000	830	1,220	1,325	855	639	994	0.158	0.586
Doxepin	2,365	1,541	1,185	1,102	1,299	1,422	669	914	623	833	719	560	0.475	0.269
Cyclobenzaprine	1,699	1,320	1,603	1,608	1,991	1,551	2,075	1,538	1,429	1,549	1,212	1,831	0.070	0.495
Haloperidol	1,751	1,536	1,183	1,256	2,055	1,146	1,160	952	1,179	676	507	361	0.346	0.298
Amphetamine	5,398	5,633	3,747	3,508	5,801	4,461	5,774	5,321	6,430	5,668	6,286	7,510	0.134	0.037 +
Trazodone	4,018	4,814	4,641	4,789	4,421	4,188	4,545	5,158	4,517	5,424	4,429	5,338	0.231	0.916
Carisoprodol	3,088	4,392	3,379	3,770	3,509	2,960	3,174	4,412	4,042	4,323	4,506	4,711	0.805	0.561
Naproxen	2,176	2,361	2,892	2,309	2,237	2,710	2,620	2,842	2,706	2,580	2,031	2,491	0.223	0.863
Imipramine	1,307	1,572	910	735	1,102	826	557	506	211	492	259	285	0.863	0.217
Carbamazepine	1,929	1,932	1,700	1,878	1,861	1,625	1,845	1,343	1,877	1,944	1,107	1,105	0.994	0.172
Thioridazine	1,785	1,562	1,005	1,242	1,001	822	905	733	494	303	176	441	0.076	0.430
TOTAL ED VISITS**	**45,190**	**44,027**	**44,521**	**45,314**	**45,876**	**44,342**	**45,378**	**44,309**	**45,374**	**45,389**	**45,710**	**45,921**	**0.000 +**	**0.000 +**

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 2 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by year: 1992-1999

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
DRUG EPISODES	433,493	460,910	518,521	513,633	514,347	527,058	542,544	554,932	0.610	0.373
DRUG MENTIONS	751,731	796,762	900,317	901,206	907,561	943,937	982,856	1,015,206	0.488	0.245
Alcohol-in-combination	141,772	143,574	160,744	166,925	166,185	171,982	185,002	196,277	0.476	0.232
Cocaine	119,843	123,423	142,878	135,801	152,433	161,087	172,014	168,763	0.767	0.573
Heroin/morphine	48,003	63,232	64,013	70,838	73,846	72,010	77,645	84,409	0.191	0.073
Acetaminophen	31,355	34,033	38,674	36,563	38,265	35,448	32,257	28,258	0.013 -	0.000 -
Aspirin	18,834	18,958	19,358	16,729	15,854	14,623	15,457	12,815	0.007 -	0.148
Ibuprofen	16,400	17,534	19,031	21,250	16,979	17,070	17,146	14,400	0.009 -	0.017 -
Alprazolam	16,498	16,832	17,183	17,082	16,655	17,468	17,833	20,484	0.124	0.110
Marijuana/hashish	23,997	28,873	40,183	45,271	53,789	64,744	76,870	87,150	0.108	0.009 +
Diazepam	13,947	12,409	13,568	14,248	13,601	13,367	12,758	11,406	0.196	0.092
Amitriptyline	10,132	9,863	11,297	8,898	8,874	8,445	6,710	5,716	0.296	0.004 -
Acetamin./codeine	7,094	7,655	6,849	6,829	5,832	6,589	5,045	3,721	0.012 -	0.000 -
OTC sleep aids	7,034	5,380	6,890	6,794	7,628	6,084	5,750	4,986	0.232	0.120
Lorazepam	8,925	10,191	12,248	11,256	10,035	10,818	10,472	10,692	0.873	0.936
d-Propoxyphene	6,551	8,039	7,478	7,015	6,780	7,614	6,885	6,252	0.440	0.103
Fluoxetine	8,327	7,537	9,123	9,499	9,596	10,495	9,812	9,379	0.669	0.293
Diphenhydramine	7,861	7,442	9,537	8,685	9,406	8,804	6,110	5,468	0.326	0.000 -
Methamphetamine/speed	6,563	9,926	17,665	15,936	11,002	17,154	11,491	10,447	0.389	0.002 -
Oxycodone	3,750	3,395	4,084	3,393	3,190	4,857	5,211	6,429	0.062	0.070
PCP/PCP combinations	5,282	6,614	6,019	6,237	3,924	4,195	4,033	4,969	0.134	0.293
Lithium carbonate	4,653	5,327	5,964	6,707	4,678	4,864	3,481	3,867	0.513	0.224
Clonazepam	8,220	10,175	12,158	12,802	13,375	14,597	17,450	16,584	0.514	0.224
Hydantoin	3,879	3,528	3,276	3,576	2,935	2,434	2,976	2,887	0.885	0.535
Hydrocodone	6,105	6,115	8,478	8,977	10,473	10,705	12,568	14,639	0.158	0.026 +
LSD	3,499	3,422	5,150	5,681	4,569	5,219	4,982	5,126	0.868	0.904
Triazolam	1,666	1,264	997	776	726	322	537	560	0.916	0.207
Phenobarbital	3,220	3,021	2,471	2,888	2,335	1,830	2,545	1,493	0.020 -	0.413
Doxepin	3,605	3,351	4,268	2,726	2,402	2,091	1,537	1,552	0.962	0.186
Cyclobenzaprine	2,731	2,647	3,130	2,924	3,599	3,626	2,967	2,761	0.677	0.114
Haloperidol	2,896	3,301	3,072	2,718	3,311	2,306	2,131	1,183	0.040 -	0.020 -
Amphetamine	3,713	5,538	9,664	9,380	9,308	10,235	11,751	11,954	0.887	0.275
Trazodone	4,640	5,682	7,293	9,455	9,210	8,733	9,674	9,853	0.863	0.322
Carisoprodol	5,922	6,570	6,571	7,771	7,279	6,133	8,454	8,829	0.728	0.008 +
Naproxen	2,690	3,125	4,302	5,253	4,546	5,330	5,549	4,610	0.129	0.295
Imipramine	4,371	3,295	2,764	2,482	1,837	1,383	717	751	0.871	0.033 -
Carbamazepine	3,319	4,823	3,881	3,633	3,740	3,471	3,219	3,052	0.799	0.573
Thioridazine	2,881	3,017	3,190	2,567	2,243	1,727	1,227	478	0.004 -	0.001 -
TOTAL ED VISITS**	**85,944**	**87,651**	**89,629**	**88,548**	**91,189**	**89,720**	**89,683**	**91,100**	**0.000 +**	**0.000 +**

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 3 - Estimated number of emergency department drug episodes, by metropolitan area by half year: Second half 1994 - first half 2000

DRUG EPISODES

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**265,896**	**270,855**	**242,777**	**251,672**	**262,675**	**265,194**	**261,864**	**271,903**	**270,641**	**278,304**	**276,628**	**292,098**	**0.028 +**	**0.559**
Atlanta	5,929	5,689	5,374	4,561	4,839	4,025	3,979	5,544	5,178	4,897	5,298	5,756	0.158	0.027 +
Baltimore	8,335	8,307	7,659	7,763	8,231	6,618	6,137	6,440	7,296	7,122	7,050	5,708	0.000 -	0.000 -
Boston	8,662	8,690	7,383	7,109	6,429	6,357	5,872	6,739	6,917	5,784	5,885	7,022	0.025 +	0.026 +
Buffalo	1,427	1,355	1,358	1,830	1,757	1,571	1,241	1,276	1,407	1,223	1,487	1,516	0.673	0.248
Chicago	11,548	11,728	10,157	10,974	12,550	12,846	14,045	12,873	13,336	12,482	13,676	14,477	0.246	0.080
Dallas	2,698	2,652	2,577	2,512	2,466	2,911	3,284	3,632	3,566	3,104	3,141	3,114	0.866	0.954
Denver	2,532	2,460	2,149	1,779	1,641	2,101	2,237	2,031	2,060	2,258	2,558	2,404	0.000 -	0.359
Detroit	7,910	10,587	8,043	10,596	10,225	9,363	8,241	8,489	8,994	8,184	7,942	8,713	0.301	0.667
Los Angeles - Long Beach	9,732	10,027	9,233	10,100	10,178	8,809	8,378	8,127	8,976	9,940	10,739	10,749	0.989	0.468
Miami - Hialeah	2,961	3,266	3,156	3,078	3,214	3,239	3,046	3,170	3,255	3,402	3,725	4,118	0.126	0.003 +
Minneapolis - St. Paul	2,269	2,229	2,098	2,377	2,459	2,563	2,410	2,248	2,101	2,414	2,229	2,367	0.196	0.749
New Orleans	2,411	2,619	3,249	2,900	2,944	2,602	2,607	2,766	2,325	2,328	2,131	2,222	0.342	0.269
New York	21,475	21,027	19,764	21,001	19,470	18,953	18,163	18,047	18,096	15,172	15,491	14,166	0.070	0.240
Newark	4,829	5,435	5,435	5,274	4,635	4,155	4,738	4,619	4,326	4,085	4,216	3,728	0.000 -	0.015 -
Philadelphia	9,360	10,361	10,142	10,610	11,025	11,457	11,772	12,674	12,254	12,303	12,110	10,728	0.197	0.080
Phoenix	3,704	4,184	3,729	3,820	3,614	3,747	3,581	3,754	3,306	4,069	4,224	4,156	0.442	0.298
St. Louis	3,121	3,080	2,582	3,021	3,168	2,835	2,828	2,861	2,858	3,206	3,129	3,322	0.555	0.729
San Diego	2,469	2,346	2,315	2,915	2,896	3,081	3,673	3,590	3,391	3,239	3,796	3,819	0.805	0.000 +
San Francisco	6,882	5,071	5,093	4,764	4,772	4,633	4,791	4,596	4,473	4,224	4,705	4,519	0.336	0.329
Seattle	5,097	4,494	4,024	4,370	4,106	5,102	5,491	4,625	3,707	3,933	4,492	5,151	0.000 +	0.000 +
Washington, DC	7,581	6,359	5,471	5,939	5,781	5,651	5,543	5,973	5,623	5,025	5,258	4,947	0.429	0.843
National Panel	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	159,908	153,346	169,396	0.019 +	0.685

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 4 - Estimated number of emergency department drug episodes, by metropolitan area by year: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]		*p*-value 1997, 1999[1,3]	
TOTAL U.S.	**433,493**	**460,910**	**518,521**	**513,633**	**514,347**	**527,058**	**542,544**	**554,932**	**0.610**		**0.373**	
Atlanta	8,767	7,728	10,828	11,063	9,400	8,004	10,722	10,195	0.434		0.208	
Baltimore	12,946	13,474	15,862	15,966	15,994	12,755	13,736	14,172	0.195		0.144	
Boston	12,744	12,644	15,225	16,073	13,539	12,229	13,657	11,669	0.049	-	0.794	
Buffalo	1,962	2,522	2,926	2,714	3,587	2,812	2,683	2,711	0.903		0.788	
Chicago	17,580	17,978	21,511	21,885	23,524	26,891	26,209	26,158	0.943		0.687	
Dallas	4,062	4,739	5,160	5,230	4,978	6,195	7,198	6,245	0.199		0.951	
Denver	3,664	3,791	5,034	4,609	3,419	4,338	4,091	4,816	0.002	+	0.099	
Detroit	15,777	19,169	17,162	18,630	20,822	17,604	17,483	16,126	0.291		0.441	
Los Angeles - Long Beach	19,697	20,611	19,256	19,260	20,278	17,187	17,103	20,678	0.014	+	0.101	
Miami - Hialeah	4,707	5,588	5,849	6,421	6,292	6,285	6,426	7,128	0.121		0.034	+
Minneapolis - St. Paul	3,923	4,558	4,611	4,327	4,836	4,974	4,348	4,643	0.168		0.507	
New Orleans	5,353	4,092	4,739	5,868	5,844	5,209	5,091	4,459	0.000	-	0.000	-
New York	44,759	45,116	43,127	40,792	40,471	37,116	36,142	30,662	0.037	-	0.061	
Newark	8,748	9,216	9,395	10,870	9,909	8,893	8,944	8,301	0.057		0.136	
Philadelphia	20,573	19,801	17,711	20,502	21,634	23,229	24,928	24,413	0.815		0.603	
Phoenix	6,103	5,930	6,879	7,913	7,434	7,327	7,060	8,293	0.000	+	0.000	+
St. Louis	4,405	4,020	6,039	5,662	6,188	5,664	5,719	6,336	0.153		0.274	
San Diego	6,088	5,310	5,051	4,661	5,811	6,754	6,982	7,036	0.793		0.137	
San Francisco	10,592	11,763	11,766	10,165	9,536	9,424	9,070	8,930	0.704		0.029	-
Seattle	6,200	7,266	10,049	8,517	8,476	10,593	8,332	8,426	0.937		0.431	
Washington, DC	10,687	12,339	14,152	11,830	11,720	11,194	11,596	10,282	0.000	-	0.457	
National Panel	204,155	223,256	266,189	260,674	260,654	282,380	295,023	313,254	0.446		0.314	

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 5 - Estimated number of emergency department drug mentions, by metropolitan area by half year: Second half 1994 - first half 2000

DRUG MENTIONS

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**461,919**	**471,933**	**429,273**	**442,932**	**464,630**	**473,220**	**470,716**	**492,116**	**490,741**	**509,909**	**505,297**	**535,646**	**0.044 +**	**0.575**
Atlanta	11,946	11,497	10,822	9,120	9,988	8,129	8,063	10,625	9,593	9,295	10,206	11,341	0.064	0.005 +
Baltimore	14,096	14,151	12,970	12,964	14,121	11,470	10,593	10,866	12,684	12,528	12,257	9,562	0.000 -	0.000 -
Boston	16,228	16,232	13,865	13,146	11,785	11,757	10,663	12,243	12,650	10,507	10,717	12,156	0.072	0.060
Buffalo	2,566	2,405	2,467	3,435	3,250	2,953	2,333	2,341	2,594	2,220	2,710	2,775	0.643	0.232
Chicago	19,963	20,576	17,861	19,683	22,755	24,192	26,337	23,784	24,591	22,826	25,064	26,324	0.370	0.138
Dallas	4,902	4,849	4,806	4,753	4,425	5,400	6,052	6,818	6,601	5,797	5,669	5,675	0.982	0.702
Denver	4,163	4,469	3,757	3,063	2,853	3,675	3,863	3,544	3,635	3,799	4,435	4,159	0.000 -	0.193
Detroit	14,065	19,445	14,732	20,025	19,012	17,212	15,291	16,031	16,573	15,572	14,690	16,696	0.170	0.653
Los Angeles - Long Beach	16,804	17,321	16,102	17,182	18,054	15,454	14,250	13,734	16,085	17,684	19,284	19,269	0.992	0.486
Miami - Hialeah	4,738	5,155	4,932	4,849	5,078	5,288	4,970	5,271	5,485	5,745	6,416	7,127	0.167	0.005 +
Minneapolis - St. Paul	4,414	4,300	4,042	4,570	4,594	4,887	4,497	4,276	3,874	4,482	4,484	4,598	0.621	0.729
New Orleans	4,883	5,044	6,090	5,490	5,550	4,775	4,949	5,155	4,507	4,575	4,335	4,325	0.964	0.256
New York	32,248	31,401	31,060	33,704	31,919	30,505	29,760	28,922	29,447	24,949	25,653	23,646	0.098	0.410
Newark	8,476	9,526	9,770	9,942	8,075	7,034	8,004	7,876	7,308	6,948	7,033	6,350	0.000 -	0.009 -
Philadelphia	16,850	18,722	18,252	19,108	19,693	21,016	21,844	23,102	22,524	22,807	22,877	20,520	0.289	0.214
Phoenix	6,238	7,043	6,169	6,536	5,999	6,354	6,309	6,390	5,902	7,004	7,057	7,016	0.863	0.954
St. Louis	5,612	5,693	4,681	5,414	5,626	4,977	5,343	5,317	5,395	5,926	5,772	6,350	0.437	0.503
San Diego	4,219	4,188	3,994	5,061	5,144	5,493	6,381	6,331	5,859	5,605	6,444	6,226	0.152	0.000 +
San Francisco	10,071	7,812	7,729	7,107	7,118	6,612	6,884	6,392	6,138	5,888	6,826	6,860	0.913	0.048 +
Seattle	8,731	7,520	6,588	7,105	6,638	8,723	9,506	7,795	6,133	6,413	7,448	8,659	0.000 +	0.000 +
Washington, DC	13,480	10,860	9,035	9,929	9,886	9,501	9,474	9,828	9,240	8,387	8,560	7,730	0.261	0.300
National Panel	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	300,950	287,360	318,280	0.034 +	0.704

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 6 - Estimated number of emergency department drug mentions, by metropolitan area by year: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]		*p*-value 1997, 1999[1,3]	
TOTAL U.S.	**751,731**	**796,762**	**900,317**	**901,206**	**907,561**	**943,937**	**982,856**	**1,015,206**	**0.488**		**0.245**	
Atlanta	17,696	14,766	21,362	22,319	19,108	16,191	20,218	19,501	0.541		0.398	
Baltimore	22,806	23,185	26,897	27,121	27,085	22,063	23,550	24,785	0.038	+	0.111	
Boston	22,679	23,102	28,231	30,097	24,932	22,420	24,893	21,224	0.088		0.782	
Buffalo	3,246	4,376	5,069	4,873	6,685	5,286	4,935	4,929	0.989		0.609	
Chicago	30,532	31,352	37,273	38,437	42,439	50,529	48,375	47,889	0.741		0.483	
Dallas	7,213	8,624	9,360	9,655	9,178	11,452	13,419	11,466	0.185		0.993	
Denver	6,338	6,367	8,417	8,226	5,916	7,538	7,179	8,234	0.007	+	0.170	
Detroit	28,378	35,715	30,748	34,177	39,037	32,503	32,604	30,263	0.312		0.545	
Los Angeles - Long Beach	33,723	35,564	33,221	33,423	35,236	29,703	29,820	36,969	0.036	+	0.067	
Miami - Hialeah	7,813	8,704	9,383	10,087	9,926	10,258	10,756	12,160	0.123		0.006	+
Minneapolis - St. Paul	7,737	8,756	9,030	8,342	9,164	9,383	8,150	8,966	0.035	+	0.642	
New Orleans	9,873	8,225	9,459	11,134	11,040	9,724	9,662	8,911	0.008	-	0.062	
New York	65,648	65,375	64,199	62,461	65,623	60,265	58,368	50,602	0.060		0.079	
Newark	14,843	15,928	16,529	19,296	18,017	15,038	15,185	13,981	0.036	-	0.073	
Philadelphia	35,817	34,994	31,717	36,974	38,801	42,860	45,626	45,685	0.990		0.576	
Phoenix	10,074	10,010	11,563	13,211	12,534	12,663	12,292	14,061	0.000	+	0.000	+
St. Louis	7,610	6,807	11,021	10,374	11,040	10,320	10,712	11,698	0.263		0.251	
San Diego	10,291	9,033	8,701	8,182	10,205	11,874	12,190	12,050	0.721		0.591	
San Francisco	15,436	17,538	17,576	15,541	14,224	13,495	12,530	12,714	0.738		0.027	-
Seattle	10,353	12,126	17,173	14,108	13,743	18,228	13,927	13,861	0.974		0.364	
Washington, DC	18,329	21,692	25,222	19,896	19,815	18,975	19,068	16,947	0.001	-	0.389	
National Panel	365,297	394,524	468,167	463,272	463,815	513,169	549,397	588,310	0.397		0.211	

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 7 - Estimated number of emergency department cocaine mentions, by metropolitan area by half year: Second half 1994 - first half 2000

COCAINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**74,435**	**73,183**	**62,618**	**71,435**	**80,998**	**78,722**	**82,365**	**85,760**	**86,253**	**79,582**	**89,182**	**81,361**	**0.005 -**	**0.702**
Atlanta	3,500	3,384	3,130	2,685	2,749	2,227	2,016	3,127	2,853	2,453	2,783	2,934	0.242	0.007 +
Baltimore	4,585	4,700	3,903	4,021	4,495	3,212	3,041	3,167	3,704	3,449	3,472	2,343	0.000 -	0.000 -
Boston	2,757	2,945	2,322	2,166	1,942	1,661	1,672	2,051	2,475	1,722	1,838	1,834	0.974	0.448
Buffalo	643	614	721	1,092	1,111	884	642	610	615	494	624	461	0.000 -	0.616
Chicago	5,958	6,003	4,699	5,734	6,954	7,100	7,273	6,883	6,757	6,150	7,248	7,217	0.935	0.099
Dallas	733	752	704	690	702	819	959	1,262	1,324	1,011	1,097	1,026	0.242	0.811
Denver	599	656	493	406	405	492	581	502	653	658	724	646	0.000 -	0.788
Detroit	3,379	5,420	3,347	5,255	5,180	4,489	3,604	4,172	4,445	3,785	3,914	4,083	0.525	0.617
Los Angeles - Long Beach	2,522	2,663	2,322	2,748	2,962	2,295	2,413	2,629	3,154	3,186	3,586	3,568	0.960	0.470
Miami - Hialeah	1,428	1,552	1,526	1,488	1,615	1,638	1,616	1,768	1,785	1,872	2,146	2,126	0.903	0.077
Minneapolis - St. Paul	327	237	229	301	375	359	377	394	378	407	407	364	0.251	0.387
New Orleans	917	863	1,154	1,078	1,302	1,177	1,186	1,305	1,091	1,082	1,058	926	0.000 -	0.000 -
New York	10,130	9,915	9,808	11,070	10,522	10,233	9,969	9,989	9,560	7,386	7,413	6,250	0.014 -	0.027 -
Newark	2,231	2,314	2,345	2,369	2,067	1,627	1,944	1,908	1,835	1,553	1,571	1,357	0.000 -	0.000 -
Philadelphia	4,382	4,875	4,627	4,915	5,470	5,404	5,798	6,624	6,425	6,207	6,227	5,083	0.098	0.058
Phoenix	568	667	498	651	731	675	659	749	737	864	1,017	828	0.000 -	0.354
St. Louis	1,175	1,108	734	877	975	707	787	1,017	1,056	1,180	1,149	1,134	0.935	0.806
San Diego	285	322	322	405	501	394	452	462	509	423	640	524	0.000 -	0.000 +
San Francisco	1,835	1,296	1,264	1,155	1,160	992	987	912	930	776	1,160	1,143	0.725	0.000 +
Seattle	1,517	1,211	946	1,128	1,015	1,267	1,583	1,261	1,139	1,089	1,431	1,428	0.946	0.000 +
Washington, DC	2,688	2,025	1,517	1,954	1,927	1,604	1,619	1,892	1,826	1,472	1,678	1,305	0.003 -	0.083
National Panel	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	32,363	37,998	34,780	0.219	0.589

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 8 - Estimated number of emergency department cocaine mentions, by metropolitan area by year: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**119,843**	**123,423**	**142,878**	**135,801**	**152,433**	**161,087**	**172,014**	**168,763**	**0.767**	**0.573**
Atlanta	5,118	4,384	6,165	6,515	5,434	4,244	5,980	5,236	0.088	0.244
Baltimore	8,078	7,643	8,882	8,603	8,515	6,253	6,871	6,921	0.810	0.253
Boston	4,266	3,912	4,715	5,267	4,109	3,333	4,526	3,560	0.019 -	0.792
Buffalo	644	974	1,207	1,334	2,203	1,526	1,225	1,119	0.159	0.055
Chicago	8,214	8,640	10,797	10,702	12,688	14,373	13,640	13,399	0.593	0.384
Dallas	1,221	1,345	1,426	1,457	1,393	1,778	2,586	2,107	0.028 -	0.169
Denver	838	968	1,299	1,149	811	1,072	1,154	1,382	0.007 +	0.000 +
Detroit	6,939	8,991	7,964	8,767	10,435	8,093	8,617	7,699	0.143	0.748
Los Angeles - Long Beach	5,337	5,362	5,070	4,985	5,710	4,707	5,783	6,772	0.128	0.022 +
Miami - Hialeah	1,940	2,662	2,742	3,078	3,104	3,254	3,553	4,018	0.134	0.000 +
Minneapolis - St. Paul	449	457	578	465	675	736	773	814	0.462	0.165
New Orleans	2,847	1,686	1,884	2,018	2,380	2,363	2,396	2,140	0.001 -	0.019 -
New York	20,414	21,085	20,214	19,724	21,592	20,202	19,549	14,799	0.011 -	0.013 -
Newark	4,017	3,825	4,228	4,658	4,436	3,571	3,743	3,124	0.000 -	0.007 -
Philadelphia	10,986	9,943	8,446	9,502	10,384	11,202	13,049	12,434	0.662	0.408
Phoenix	908	838	1,067	1,165	1,382	1,334	1,486	1,882	0.000 +	0.000 +
St. Louis	1,445	1,220	2,329	1,841	1,852	1,494	2,073	2,329	0.089	0.065
San Diego	1,149	869	668	644	906	846	971	1,063	0.189	0.001 +
San Francisco	2,760	3,035	3,123	2,560	2,315	1,979	1,843	1,936	0.456	0.475
Seattle	1,446	1,760	2,896	2,157	2,143	2,850	2,399	2,520	0.786	0.721
Washington, DC	4,236	4,275	4,849	3,542	3,881	3,223	3,718	3,150	0.000 -	0.693
National Panel	26,591	29,550	42,330	35,668	46,085	62,654	66,078	70,361	0.686	0.555

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 9 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by half year: Second half 1994 - first half 2000

HEROIN/MORPHINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**33,977**	**35,500**	**35,339**	**35,198**	**38,648**	**35,352**	**36,658**	**38,553**	**39,092**	**38,565**	**45,843**	**47,008**	**0.646**	**0.008** +
Atlanta	260	219	205	216	198	179	220	229	254	206	226	257	0.105	0.000 +
Baltimore	4,116	4,221	4,001	3,944	4,166	3,035	2,838	3,019	3,706	3,510	3,503	2,893	0.000 -	0.000 -
Boston	1,582	1,594	1,377	1,337	1,415	1,278	1,239	1,366	1,390	1,366	1,508	1,798	0.100	0.011 +
Buffalo	215	155	230	222	227	208	263	228	317	248	278	393	0.002 +	0.000 +
Chicago	2,505	2,243	2,482	2,628	3,654	3,959	4,674	4,529	4,853	4,675	5,050	6,087	0.114	0.129
Dallas	128	148	129	163	184	256	261	262	250	209	235	243	0.806	0.303
Denver	276	228	241	201	143	193	283	256	253	310	341	322	0.068	0.746
Detroit	975	1,343	1,058	1,614	1,600	1,584	1,462	1,437	1,464	1,268	1,410	1,685	0.009 +	0.020 +
Los Angeles - Long Beach	1,485	1,422	1,665	1,734	1,570	1,350	1,182	1,223	1,408	1,457	1,499	1,345	0.061	0.358
Miami - Hialeah	135	180	156	160	231	280	319	365	408	455	465	682	0.000 +	0.000 +
Minneapolis - St. Paul	37	48	58	49	78	83	88	93	84	100	107	92	0.004 -	0.705
New Orleans	114	107	167	135	173	219	212	269	265	286	377	464	0.002 +	0.000 +
New York	5,624	5,288	5,440	5,677	5,490	4,898	4,593	4,626	4,618	4,163	5,169	4,871	0.539	0.318
Newark	2,361	2,696	2,989	2,978	2,414	1,861	2,506	2,577	2,502	2,303	2,433	2,142	0.000 -	0.074
Philadelphia	1,411	1,877	2,002	1,955	1,985	1,738	2,079	1,672	1,914	1,955	2,197	1,959	0.571	0.986
Phoenix	236	232	258	290	345	414	418	474	419	407	470	428	0.010 -	0.361
St. Louis	192	206	188	243	259	253	219	304	341	414	462	472	0.863	0.337
San Diego	327	305	386	560	421	419	508	493	517	522	590	649	0.033 +	0.004 +
San Francisco	2,040	1,500	1,640	1,582	1,575	1,425	1,327	1,340	1,046	1,222	1,852	1,632	0.002 -	0.000 +
Seattle	1,098	948	1,086	1,247	1,195	1,403	1,519	1,291	1,148	1,188	1,300	1,276	0.309	0.064
Washington, DC	755	668	640	692	843	827	864	1,057	1,055	875	919	924	0.912	0.113
National Panel	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,426	15,455	16,392	0.692	0.095

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 10 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by year: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**48,003**	**63,232**	**64,013**	**70,838**	**73,846**	**72,010**	**77,645**	**84,409**	**0.191**	**0.073**
Atlanta	232	250	456	424	414	400	483	432	0.236	0.652
Baltimore	5,106	5,719	7,510	8,222	8,111	5,873	6,725	7,013	0.170	0.041 +
Boston	2,061	2,319	2,527	2,971	2,751	2,517	2,756	2,874	0.793	0.511
Buffalo	172	279	355	385	448	471	545	525	0.331	0.000 +
Chicago	2,958	3,581	4,787	4,725	6,282	8,633	9,383	9,725	0.451	0.337
Dallas	276	297	237	276	347	516	512	444	0.441	0.625
Denver	123	276	495	470	344	476	509	651	0.004 +	0.001 +
Detroit	1,843	2,380	2,106	2,401	3,214	3,046	2,901	2,678	0.384	0.481
Los Angeles - Long Beach	2,944	3,724	2,949	3,088	3,305	2,532	2,631	2,955	0.147	0.167
Miami - Hialeah	181	251	264	336	391	599	772	921	0.006 +	0.000 +
Minneapolis - St. Paul	94	138	78	106	127	170	177	207	0.113	0.154
New Orleans	152	140	197	274	308	431	534	664	0.000 +	0.000 +
New York	8,382	11,351	11,185	10,728	11,167	9,491	9,244	9,331	0.947	0.920
Newark	2,868	4,526	4,498	5,686	5,392	4,367	5,080	4,736	0.116	0.272
Philadelphia	2,364	2,478	2,440	3,879	3,941	3,817	3,586	4,152	0.462	0.714
Phoenix	324	487	483	490	635	832	893	877	0.831	0.420
St. Louis	204	215	408	394	502	472	644	876	0.000 +	0.007 +
San Diego	1,022	842	695	691	982	927	1,011	1,112	0.093	0.022 +
San Francisco	3,131	3,694	3,555	3,139	3,157	2,751	2,386	3,074	0.000 +	0.000 +
Seattle	1,100	1,727	2,092	2,034	2,442	2,922	2,439	2,488	0.902	0.612
Washington, DC	1,512	1,414	1,261	1,307	1,535	1,691	2,112	1,794	0.000 -	0.232
National Panel	10,956	17,146	15,437	18,813	18,052	19,074	22,323	26,880	0.352	0.227

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 11 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by half year: Second half 1994 - first half 2000

MARIJUANA/HASHISH

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**21,105**	**24,277**	**20,994**	**24,892**	**28,897**	**32,402**	**32,343**	**37,883**	**38,987**	**43,109**	**44,041**	**47,535**	**0.306**	**0.533**
Atlanta	890	832	839	692	855	770	808	1,410	1,223	1,185	1,331	1,366	0.781	0.431
Baltimore	405	393	552	507	686	689	713	708	788	801	878	758	0.007 -	0.334
Boston	1,059	1,277	1,122	1,091	1,036	921	847	1,484	1,423	967	994	1,369	0.128	0.112
Buffalo	122	100	195	271	241	275	197	206	246	225	268	271	0.925	0.568
Chicago	1,236	1,524	1,396	1,652	1,881	2,060	2,364	2,607	2,395	2,277	2,284	2,487	0.203	0.411
Dallas	235	247	308	294	262	435	481	761	752	615	561	603	0.345	0.824
Denver	195	313	183	147	141	215	290	293	287	292	389	389	1.000	0.021 +
Detroit	1,338	2,089	1,785	2,234	1,981	1,853	1,892	2,049	2,286	2,254	1,846	2,181	0.277	0.878
Los Angeles - Long Beach	768	899	807	1,031	1,101	1,061	1,023	1,345	2,079	2,518	2,955	2,840	0.804	0.604
Miami - Hialeah	393	478	491	503	513	565	465	564	555	576	709	859	0.003 +	0.000 +
Minneapolis - St. Paul	230	232	237	286	259	309	296	241	250	309	318	380	0.009 +	0.107
New Orleans	425	426	599	558	688	636	709	714	482	545	500	522	0.367	0.457
New York	1,408	1,516	1,460	1,723	1,848	1,942	1,901	1,988	1,696	1,799	1,692	1,672	0.864	0.450
Newark	360	413	331	346	281	249	251	266	266	313	220	260	0.004 +	0.023 -
Philadelphia	1,154	1,554	1,508	1,689	1,747	2,164	2,392	2,835	2,475	2,841	2,624	2,361	0.335	0.046 -
Phoenix	294	279	196	334	276	357	384	385	340	548	479	441	0.097	0.002 -
St. Louis	458	521	340	418	507	521	588	693	645	865	775	882	0.586	0.900
San Diego	240	229	251	285	341	456	514	609	518	409	513	514	0.973	0.009 +
San Francisco	248	259	247	232	193	195	195	206	188	164	306	363	0.024 +	0.000 +
Seattle	476	534	459	479	417	773	890	569	366	409	398	653	0.000 +	0.000 +
Washington, DC	1,519	1,092	943	1,090	1,077	1,169	1,225	1,121	1,241	1,210	1,308	1,247	0.793	0.932
National Panel	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	21,988	22,691	25,119	0.465	0.654

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 12 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by year: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]		*p*-value 1997, 1999[1,3]	
TOTAL U.S.	**23,997**	**28,873**	**40,183**	**45,271**	**53,789**	**64,744**	**76,870**	**87,150**	**0.108**		**0.009**	**+**
Atlanta	957	849	1,527	1,671	1,547	1,578	2,633	2,515	0.716		0.198	
Baltimore	672	625	770	945	1,194	1,402	1,495	1,679	0.014	+	0.219	
Boston	1,006	1,185	1,870	2,400	2,127	1,768	2,907	1,961	0.014	-	0.798	
Buffalo	64	138	230	295	512	472	453	493	0.232		0.824	
Chicago	1,488	1,366	2,219	2,919	3,533	4,424	5,002	4,561	0.053		0.727	
Dallas	341	367	477	555	556	916	1,513	1,176	0.168		0.169	
Denver	232	202	406	497	288	505	579	681	0.092		0.031	+
Detroit	1,487	2,716	2,849	3,875	4,215	3,746	4,335	4,100	0.383		0.470	
Los Angeles - Long Beach	1,331	1,745	1,658	1,706	2,132	2,084	3,423	5,473	0.119		0.093	
Miami - Hialeah	364	472	711	969	1,015	1,030	1,118	1,285	0.136		0.026	+
Minneapolis - St. Paul	276	391	482	469	544	604	491	627	0.031	+	0.738	
New Orleans	491	610	885	1,025	1,247	1,345	1,196	1,044	0.003	-	0.001	-
New York	2,004	2,092	2,589	2,976	3,571	3,842	3,684	3,491	0.559		0.400	
Newark	396	436	628	743	627	500	532	533	0.974		0.296	
Philadelphia	1,648	1,955	2,085	3,061	3,436	4,556	5,310	5,465	0.767		0.172	
Phoenix	171	226	453	474	610	741	726	1,028	0.000	+	0.014	+
St. Louis	216	155	901	861	925	1,109	1,338	1,640	0.247		0.021	+
San Diego	416	479	513	480	626	970	1,127	923	0.001	-	0.336	
San Francisco	278	451	479	507	425	390	394	470	0.139		0.004	+
Seattle	342	406	870	993	897	1,663	936	808	0.503		0.141	
Washington, DC	1,259	2,102	2,712	2,035	2,167	2,394	2,362	2,518	0.691		0.836	
National Panel	8,557	9,905	14,868	15,814	21,596	28,705	35,316	44,679	0.129		0.049	+

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 13 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by half year: Second half 1994 - first half 2000

METHAMPHETAMINE/SPEED

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**9,841**	**9,678**	**6,257**	**4,197**	**6,805**	**8,218**	**8,936**	**6,534**	**4,957**	**4,730**	**5,717**	**6,980**	**0.076**	**0.015 +**
Atlanta	51	58	89	39	96	85	129	94	67	31	52	67	0.278	0.000 +
Baltimore	3	3	1	3	3	4	3	...	4	5	5	5	1.000	1.000
Boston	1	...	6	...	...	4	9	3	3	8	...	7	...	0.834
Buffalo	1	4	...	8	1	6	...	2	7	6	1	5	0.000 +	0.280
Chicago	11	28	6	17	11	10	19	16	18	10	12	8	0.373	0.607
Dallas	92	124	78	53	62	77	82	118	67	58	42	69	0.003 +	0.244
Denver	88	100	77	45	59	149	143	66	53	28	73	61	0.246	0.011 +
Detroit	...	...	...	4	...	...	0	0	0	1	...	0	...	0.000 -
Los Angeles - Long Beach	722	813	464	575	694	596	633	418	368	414	496	514	0.702	0.072
Miami - Hialeah	7	1	4	5	4	2	8	7	9	...	6	7	0.147	...
Minneapolis - St. Paul	27	57	36	49	59	110	...	68	43	57	55	53	0.873	0.755
New Orleans	10	7	11	10	12	9	17	13	12	9	14	8	0.000 -	0.333
New York	9	14	...	6	15	13	...	17	19	13	4	16	0.008 +	0.535
Newark	...	...	0	1	...	0	...	...	...	1	...	...	...	...
Philadelphia	34	25	65	19	47	58	43	17	31	17	30	...	...	...
Phoenix	434	454	324	397	328	461	339	294	152	147	194	245	0.096	0.000 +
St. Louis	25	58	18	...	23	23	43	30	...	44	60	99	0.106	0.021 +
San Diego	427	413	272	288	378	418	558	421	300	260	324	444	0.000 +	0.000 +
San Francisco	782	622	484	403	531	484	528	385	232	251	303	288	0.476	0.183
Seattle	172	181	79	72	123	212	267	160	106	150	203	270	0.000 +	0.000 +
Washington, DC	32	...	10	...	6	...	...	10	6	...	29	...	...	...
National Panel	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,211	3,799	4,736	0.185	0.098

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 14 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by year: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**6,563**	**9,926**	**17,665**	**15,936**	**11,002**	**17,154**	**11,491**	**10,447**	**0.389**	**0.002 -**
Atlanta	21	55	101	147	135	214	162	83	0.004 -	0.020 -
Baltimore	8	5	4	4	6	7	6	10	0.003 +	0.053
Boston	12	15	3	7	...	13	6	12	0.302	0.863
Buffalo	1	7	8	6	9	8	9	7	0.000 -	0.334
Chicago	12	20	20	34	28	29	33	22	0.161	0.358
Dallas	68	79	154	203	115	159	186	100	0.000 -	0.058
Denver	31	55	145	176	105	292	120	101	0.200	0.000 -
Detroit	10	24	17	15	...	...	0	...	...	...
Los Angeles - Long Beach	828	1,226	1,400	1,276	1,268	1,229	786	910	0.052	0.020 -
Miami - Hialeah	6	4	8	5	9	10	16	9	0.002 -	0.646
Minneapolis - St. Paul	42	42	64	93	108	217	112	112	1.000	0.041 -
New Orleans	18	10	12	18	22	26	25	23	0.161	0.286
New York	20	16	21	23	21	32	36	17	0.023 -	0.116
Newark	11	1	...	...	...	...	...	3	...	...
Philadelphia	142	110	92	91	66	101	48	47	0.918	0.167
Phoenix	279	481	813	777	725	800	446	341	0.036 -	0.000 -
St. Louis	15	29	52	76	39	67	66	104	0.000 +	0.062
San Diego	931	929	913	686	666	976	721	584	0.017 -	0.000 -
San Francisco	688	992	1,258	1,106	934	1,012	616	554	0.300	0.000 -
Seattle	99	177	299	260	195	479	266	353	0.000 +	0.079
Washington, DC	7	20	33	24	11	...	16	33	0.217	...
National Panel	3,315	5,628	12,245	10,906	6,499	11,454	7,810	7,010	0.507	0.041 -

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 15 - Estimated number of total emergency department visits, by metropolitan area by half year: Second half 1994 - first half 2000

TOTAL ED VISITS**

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.	**45,190**	**44,027**	**44,521**	**45,314**	**45,876**	**44,342**	**45,378**	**44,309**	**45,374**	**45,389**	**45,710**	**45,921**	**0.000 +**	**0.000 +**
Atlanta	588	545	585	564	561	507	534	511	521	504	522	515	0.000 -	0.000 +
Baltimore	418	414	423	429	436	434	440	463	468	490	480	481	0.000 +	0.000 -
Boston	861	797	804	834	880	784	784	770	786	749	769	766	0.000 -	0.000 +
Buffalo	166	150	151	145	149	132	136	127	144	143	145	140	0.000 -	0.000 -
Chicago	1,082	1,093	1,123	1,095	1,109	1,071	1,126	1,049	1,092	1,083	1,122	1,094	0.000 -	0.000 +
Dallas	417	416	427	417	419	449	438	462	452	452	453	459	0.000 +	0.000 +
Denver	225	228	237	230	216	216	223	212	214	249	272	250	0.000 -	0.000 +
Detroit	713	752	761	746	791	729	720	724	737	743	739	723	0.000 -	0.000 -
Los Angeles - Long Beach	1,218	1,115	1,123	1,177	1,158	1,068	1,165	1,024	1,118	1,132	1,175	1,144	0.000 -	0.000 +
Miami - Hialeah	300	309	313	318	314	329	339	354	346	353	353	355	0.000 +	0.000 +
Minneapolis - St. Paul	288	336	347	346	345	335	347	330	331	341	362	355	0.000 -	0.000 +
New Orleans	285	287	288	297	306	285	291	289	274	298	287	295	0.000 +	0.000 -
New York	1,715	1,599	1,597	1,829	1,795	1,735	1,698	1,672	1,799	1,704	1,722	1,690	0.000 -	0.000 -
Newark	347	347	355	332	349	321	328	340	357	362	358	363	0.000 +	0.000 +
Philadelphia	815	828	829	821	836	807	831	826	865	843	868	845	0.000 -	0.000 +
Phoenix	323	348	352	384	347	348	342	372	345	384	381	404	0.000 +	0.000 +
St. Louis	457	440	429	445	436	409	433	422	397	442	434	434	0.000 -	0.000 -
San Diego	256	243	260	291	284	291	295	298	313	317	340	329	0.000 -	0.000 +
San Francisco	291	238	243	252	243	239	241	256	257	274	284	282	0.000 -	0.000 +
Seattle	349	279	291	309	290	283	299	279	271	280	284	277	0.000 -	0.000 -
Washington, DC	608	582	594	535	555	536	541	552	560	563	565	568	0.000 +	0.000 +
National Panel	33,468	32,681	32,989	33,518	34,059	33,036	33,829	32,977	33,725	33,685	33,795	34,153	0.000 +	0.000 +

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 16 - Estimated number of total emergency department visits, by metropolitan area by year: 1992-1999

TOTAL ED VISITS**

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.	**85,944**	**87,651**	**89,629**	**88,548**	**91,189**	**89,720**	**89,683**	**91,100**	**0.000 +**	**0.000 +**
Atlanta	1,046	1,096	1,129	1,129	1,125	1,041	1,032	1,026	0.755	0.666
Baltimore	790	827	825	838	865	873	931	970	0.000 +	0.000 +
Boston	1,749	1,746	1,679	1,601	1,714	1,568	1,556	1,518	0.000 -	0.000 -
Buffalo	346	333	324	300	294	268	272	288	0.000 +	0.000 +
Chicago	2,197	2,060	2,145	2,216	2,204	2,197	2,141	2,204	0.000 +	0.000 +
Dallas	757	796	826	843	835	886	914	904	0.932	0.874
Denver	469	486	448	464	446	439	426	521	0.000 +	0.000 +
Detroit	1,507	1,568	1,435	1,513	1,537	1,449	1,461	1,481	0.000 +	0.000 +
Los Angeles - Long Beach	2,296	2,419	2,376	2,237	2,335	2,233	2,142	2,307	0.000 +	0.000 +
Miami - Hialeah	565	571	607	622	632	668	700	706	0.000 +	0.000 +
Minneapolis - St. Paul	623	630	561	683	691	683	661	703	0.000 +	0.000 +
New Orleans	521	535	566	575	603	576	563	585	0.000 +	0.000 +
New York	3,233	3,210	3,356	3,196	3,624	3,432	3,472	3,426	0.372	0.912
Newark	617	670	679	702	681	649	697	720	0.000 +	0.000 +
Philadelphia	1,827	1,752	1,619	1,657	1,657	1,638	1,691	1,711	0.000 +	0.000 +
Phoenix	631	645	645	701	732	690	717	765	0.000 +	0.000 +
St. Louis	789	894	917	869	880	841	819	876	0.000 +	0.000 +
San Diego	614	618	520	504	575	586	611	657	0.000 +	0.000 +
San Francisco	543	589	578	481	495	479	513	558	0.000 +	0.000 +
Seattle	652	697	702	570	599	582	550	564	0.000 +	0.000 -
Washington, DC	1,048	1,156	1,195	1,176	1,090	1,077	1,112	1,129	0.000 +	0.000 +
National Panel	63,124	64,354	66,498	65,670	67,577	66,864	66,702	67,481	0.000 +	0.000 +

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 17 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: Second half 1994 - first half 2000

DRUG EPISODES

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.* **	**265,896**	**270,855**	**242,777**	**251,672**	**262,675**	**265,194**	**261,864**	**271,903**	**270,641**	**278,304**	**276,628**	**292,098**	**0.028 +**	**0.559**
AGE														
6-34	166,198	165,408	144,530	150,391	152,993	155,293	151,416	154,273	147,687	149,497	145,307	158,564	0.004 +	0.458
12-17	28,974	32,604	28,118	33,383	30,566	33,126	28,312	32,496	26,591	29,019	23,764	32,465	0.000 +	0.171
18-25	57,868	54,238	49,471	47,928	50,697	52,641	52,006	50,798	52,640	54,114	55,466	59,575	0.113	0.319
26-34	78,797	77,881	66,123	68,461	71,174	68,917	69,981	70,484	67,999	65,730	65,526	65,853	0.898	0.982
35+	98,447	104,781	97,536	100,825	109,280	108,947	109,683	116,837	122,335	128,415	130,903	133,118	0.506	0.692
GENDER														
Male	137,336	135,680	120,457	122,807	134,851	136,327	133,638	141,162	140,193	145,346	146,739	149,163	0.589	0.794
Female	125,795	132,477	119,685	125,878	125,194	126,468	125,761	127,820	128,410	130,506	127,573	138,479	0.003 +	0.400
RACE/ETHNICITY														
White	144,229	145,154	132,484	134,980	139,078	143,733	140,509	145,650	149,796	158,642	151,430	164,928	0.044 +	0.763
Black	72,645	74,541	64,848	65,063	70,269	68,043	66,853	69,304	67,177	64,342	68,642	65,142	0.082	0.831
Hispanic	25,886	25,830	21,531	26,446	28,586	26,454	26,253	30,084	27,078	27,683	29,208	31,463	0.376	0.212
Other race	2,951	3,089	2,447	3,201	2,819	3,107	2,990	2,809	2,574	2,425	3,160	2,336	0.129	0.838
Race unknown	20,185	22,241	21,468	21,982	21,923	23,856	25,259	24,055	24,017	25,212	24,188	28,228	0.176	0.440
FACILITY LOCATION														
Central city	87,900	89,537	81,834	85,920	86,007	81,984	81,597	82,642	83,018	78,640	83,826	82,498	0.367	0.058
Outside central city	43,032	42,430	39,157	41,373	40,393	40,635	40,461	41,432	40,428	39,756	39,456	40,204	0.586	0.779
National Panel	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	159,908	153,346	169,396	0.019 +	0.685
DRUG USE MOTIVE														
Recreational use	23,985	23,593	22,614	23,536	30,336	29,082	26,993	27,515	29,520	30,502	35,849	34,894	0.660	0.208
Dependence	86,240	88,295	75,696	80,971	86,499	87,460	91,101	92,671	96,422	99,613	103,079	103,617	0.896	0.751
Suicide	99,997	104,401	96,718	95,668	95,742	99,635	91,847	98,216	91,681	91,489	83,368	95,778	0.000 +	0.671
Other/unknown motive	55,674	54,566	47,749	51,497	50,098	49,017	51,924	53,500	53,018	56,699	54,332	57,808	0.208	0.820
REASONS FOR ED CONTACT														
Unexpected reaction	35,406	31,284	26,098	28,940	32,963	35,504	33,183	34,218	36,962	35,024	43,317	43,575	0.943	0.163
Overdose	137,341	141,373	130,349	127,055	125,860	128,330	116,594	127,490	117,674	116,361	115,922	130,043	0.001 +	0.029 +
Chronic effects	29,106	33,188	26,978	26,987	26,480	24,116	25,157	25,717	24,393	25,075	24,870	24,116	0.564	0.682
Seeking detox	27,155	26,545	23,938	28,388	31,535	32,226	35,662	35,618	37,425	34,252	38,708	44,933	0.090	0.020 +
Withdrawal	6,791	8,161	6,965	7,223	7,790	6,984	8,193	8,320	9,659	14,011	11,899	10,125	0.161	0.539
Other/unknown reason	30,097	30,305	28,449	33,079	38,047	38,034	43,076	40,540	44,528	53,582	41,911	39,306	0.411	0.276

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 18 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**433,493**	**460,910**	**518,521**	**513,633**	**514,347**	**527,058**	**542,544**	**554,932**	**0.610**	**0.373**
AGE										
6-34	277,887	288,332	324,933	309,937	303,384	306,709	301,960	294,804	0.551	0.450
12-17	46,822	50,039	60,472	60,722	63,949	61,437	59,086	52,783	0.009 -	0.008 -
18-25	96,307	98,276	112,262	103,708	98,625	104,647	103,438	109,580	0.280	0.509
26-34	133,506	138,634	151,195	144,003	139,634	138,897	138,483	131,256	0.240	0.329
35+	154,570	171,257	190,145	202,316	210,105	218,630	239,172	259,318	0.122	0.014 +
GENDER										
Male	219,607	231,721	263,334	256,137	257,658	269,965	281,355	292,085	0.505	0.278
Female	210,051	224,526	250,333	252,162	251,072	252,229	256,230	258,079	0.842	0.630
RACE/ETHNICITY										
White	235,643	245,243	279,312	277,637	274,057	284,242	295,447	310,072	0.437	0.298
Black	122,880	126,929	141,171	139,389	135,332	134,896	136,481	132,983	0.669	0.840
Hispanic	42,174	48,233	50,438	47,360	55,032	52,707	57,162	56,891	0.938	0.569
Other race	4,892	5,844	6,050	5,536	6,020	6,097	5,382	5,585	0.709	0.471
Race unknown	27,905	34,660	41,550	43,709	43,905	49,115	48,072	49,401	0.723	0.964
FACILITY LOCATION										
Central city	158,892	162,210	170,269	171,372	171,926	163,581	165,660	162,466	0.436	0.864
Outside central city	70,445	74,542	82,063	81,587	81,766	81,096	81,860	79,212	0.298	0.602
National Panel	204,155	223,256	266,189	260,674	260,654	282,380	295,023	313,254	0.446	0.314
DRUG USE MOTIVE										
Recreational use	35,008	36,421	43,948	46,207	53,873	56,075	57,035	66,351	0.183	0.142
Dependence	135,280	144,152	165,541	163,991	167,470	178,561	189,094	202,692	0.312	0.183
Suicide	172,403	180,212	199,773	201,120	191,410	191,481	189,897	174,857	0.048 -	0.135
Other/unknown motive	90,801	100,125	109,259	102,315	101,595	100,941	106,518	111,031	0.512	0.234
REASONS FOR ED CONTACT										
Unexpected reaction	52,588	54,569	66,595	57,382	61,902	68,687	71,180	78,342	0.115	0.110
Overdose	232,674	243,765	269,573	271,722	252,915	244,924	245,164	232,283	0.112	0.179
Chronic effects	46,865	50,180	56,010	60,166	53,467	49,273	50,110	49,945	0.963	0.883
Seeking detox	44,815	47,398	52,213	50,483	59,923	67,888	73,043	72,960	0.991	0.678
Withdrawal	9,851	11,125	14,025	15,127	15,013	15,176	17,979	25,910	0.176	0.102
Other/unknown reason	46,700	53,872	60,105	58,754	71,127	81,110	85,068	95,493	0.330	0.325

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 19 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: Second half 1994 - first half 2000

DRUG MENTIONS

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.* **	**461,919**	**471,933**	**429,273**	**442,932**	**464,630**	**473,220**	**470,716**	**492,116**	**490,741**	**509,909**	**505,297**	**535,646**	**0.044 +**	**0.575**
AGE														
6-34	282,465	282,169	250,727	257,923	267,326	271,389	268,280	273,532	262,805	268,460	262,343	284,369	0.023 +	0.494
12-17	44,250	50,506	42,536	50,145	46,514	52,456	46,170	51,860	43,435	45,594	37,618	53,033	0.000 +	0.088
18-25	98,233	92,590	86,061	81,437	89,945	92,600	93,133	91,489	93,065	97,708	100,656	106,905	0.222	0.352
26-34	139,345	138,235	121,140	125,525	130,138	125,315	127,637	129,651	125,758	124,288	123,390	123,605	0.970	0.952
35+	177,748	188,693	177,294	184,247	196,454	200,310	201,077	217,120	226,812	240,798	242,198	250,586	0.243	0.680
GENDER														
Male	239,186	239,965	214,214	219,983	242,521	244,437	242,043	258,370	256,971	266,743	269,961	273,075	0.742	0.824
Female	217,633	227,283	210,470	217,656	217,617	224,909	224,458	228,763	230,246	238,650	230,966	255,412	0.002 +	0.367
RACE/ETHNICITY														
White	260,311	260,361	243,975	243,698	253,185	265,068	260,410	273,988	282,330	301,813	288,433	313,314	0.097	0.779
Black	123,184	129,976	110,427	112,470	121,325	118,566	117,978	122,088	116,961	113,673	121,146	113,571	0.046 -	0.988
Hispanic	40,848	40,497	34,493	44,629	48,745	44,889	46,466	51,553	47,185	48,178	49,557	55,352	0.216	0.188
Other race	4,725	4,944	4,026	5,545	5,438	4,890	4,959	5,020	4,369	3,845	5,428	3,839	0.100	0.994
Race unknown	32,851	36,155	36,352	36,590	35,936	39,807	40,904	39,467	39,895	42,399	40,731	49,571	0.173	0.387
FACILITY LOCATION														
Central city	147,683	152,191	139,906	147,940	149,567	142,699	142,178	142,150	143,175	136,989	147,087	145,388	0.555	0.039 +
Outside central city	77,010	76,018	69,819	74,244	71,995	72,706	73,185	74,491	73,643	71,970	70,850	71,978	0.671	0.998
National Panel	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	300,950	287,360	318,280	0.034 +	0.704
DRUG USE MOTIVE														
Recreational use	37,642	37,929	36,851	38,289	51,074	48,885	45,229	46,332	51,292	54,492	62,148	60,772	0.763	0.288
Dependence	143,424	148,717	128,299	139,928	150,209	152,316	159,865	163,309	168,860	176,369	180,954	182,410	0.863	0.808
Suicide	187,231	192,770	181,021	177,710	177,789	188,644	176,055	191,196	179,993	181,804	168,495	192,005	0.002 +	0.621
Other/unknown motive	93,623	92,516	83,102	87,004	85,558	83,376	89,567	91,278	90,595	97,244	93,700	100,459	0.231	0.706
REASONS FOR ED CONTACT														
Unexpected reaction	56,893	51,730	43,200	46,957	53,676	59,223	54,407	56,928	61,190	61,565	74,340	74,411	0.990	0.225
Overdose	250,532	253,855	238,810	230,787	230,813	236,689	219,593	243,800	225,387	226,000	226,435	254,701	0.004 +	0.031 +
Chronic effects	44,695	53,156	43,214	43,780	42,453	39,269	40,399	41,914	39,927	39,988	40,083	38,772	0.500	0.738
Seeking detox	47,307	49,485	43,842	52,883	58,745	59,974	69,443	67,439	70,749	65,288	71,544	85,593	0.065	0.035 +
Withdrawal	10,156	11,595	9,929	10,920	11,764	10,647	11,897	12,242	15,418	...	17,891	14,664	0.126	...
Other/unknown reason	52,337	52,112	50,279	57,605	67,177	67,418	74,977	69,793	78,069	93,921	75,003	67,506	0.195	0.274

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 20 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**751,731**	**796,762**	**900,317**	**901,206**	**907,561**	**943,937**	**982,856**	**1,015,206**	**0.488**	**0.245**
AGE										
6-34	476,533	492,356	555,245	532,896	525,249	539,669	536,337	530,804	0.808	0.768
12-17	72,970	77,134	93,654	93,041	96,659	98,626	95,295	83,212	0.006 -	0.011 -
18-25	166,680	167,275	191,271	178,651	171,382	185,733	184,555	198,364	0.192	0.337
26-34	235,322	246,224	269,124	259,375	255,663	252,952	255,409	247,678	0.518	0.739
35+	273,609	302,025	340,618	365,987	380,701	401,388	443,932	482,996	0.126	0.014 +
GENDER										
Male	382,788	400,195	462,457	454,180	462,505	486,480	515,342	536,704	0.480	0.204
Female	361,572	388,552	429,112	437,753	435,273	449,367	459,009	469,615	0.574	0.403
RACE/ETHNICITY										
White	426,793	440,188	501,226	504,336	496,883	525,478	556,318	590,247	0.364	0.197
Black	205,800	214,960	240,450	240,403	233,795	236,544	239,049	234,820	0.764	0.920
Hispanic	67,384	76,337	80,585	74,990	93,374	91,355	98,738	97,736	0.880	0.610
Other race	8,027	9,697	9,859	8,970	10,982	9,849	9,389	9,274	0.925	0.672
Race unknown	43,726	55,580	68,198	72,507	72,526	80,711	79,362	83,131	0.540	0.820
FACILITY LOCATION										
Central city	261,137	268,395	285,340	292,097	297,507	284,877	285,326	284,076	0.869	0.946
Outside central city	125,297	132,833	146,811	145,836	146,240	145,891	148,134	142,820	0.274	0.667
National Panel	365,297	394,524	468,167	463,272	463,815	513,169	549,397	588,310	0.397	0.211
DRUG USE MOTIVE										
Recreational use	55,700	60,381	70,467	74,780	89,363	94,115	97,625	116,640	0.132	0.081
Dependence	221,472	235,976	275,348	277,016	290,137	312,180	332,169	357,323	0.306	0.190
Suicide	321,991	335,426	373,158	373,791	355,499	364,698	371,189	350,299	0.227	0.551
Other/unknown motive	152,568	164,979	181,344	175,618	172,562	172,944	181,873	190,944	0.473	0.232
REASONS FOR ED CONTACT										
Unexpected reaction	82,938	88,951	107,799	94,930	100,633	113,630	118,118	135,905	0.039 +	0.047 +
Overdose	424,935	440,343	487,503	492,665	461,600	456,282	469,187	452,436	0.365	0.857
Chronic effects	71,489	74,141	86,273	96,371	86,233	79,668	81,841	80,071	0.754	0.957
Seeking detox	77,834	83,318	92,151	93,326	111,628	129,417	138,188	136,832	0.924	0.741
Withdrawal	14,856	17,151	20,907	21,524	22,684	22,544	27,660	41,037	0.216	0.133
Other/unknown reason	79,679	92,858	105,685	102,390	124,782	142,394	147,863	168,924	0.287	0.322

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 21 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: Second half 1994 - first half 2000

COCAINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.* **	**74,435**	**73,183**	**62,618**	**71,435**	**80,998**	**78,722**	**82,365**	**85,760**	**86,253**	**79,582**	**89,182**	**81,361**	**0.005 -**	**0.702**
AGE														
6-34	45,976	43,258	34,868	39,692	43,699	42,175	43,830	44,169	43,713	39,942	42,689	38,222	0.038 -	0.542
12-17	954	1,191	860	1,236	1,345	2,084	1,547	2,235	2,074	1,441	1,774	2,246	0.425	0.326
18-25	13,571	11,699	9,417	10,207	11,858	12,340	12,880	11,886	12,622	11,801	13,470	11,921	0.107	0.904
26-34	31,439	30,362	24,591	28,243	30,489	27,743	29,400	29,995	29,015	26,616	27,445	24,051	0.019 -	0.202
35+	28,162	29,829	27,518	31,561	37,162	36,302	38,301	41,394	42,335	39,537	46,334	43,035	0.028 -	0.142
GENDER														
Male	50,563	48,391	41,308	46,286	54,606	52,059	54,122	55,784	56,603	50,993	58,287	52,054	0.003 -	0.741
Female	23,165	23,976	20,703	24,537	25,650	26,089	27,268	29,107	29,074	28,034	30,222	28,170	0.163	0.938
RACE/ETHNICITY														
White	21,716	20,810	19,208	20,726	23,994	24,049	26,823	25,735	27,219	26,355	30,375	27,722	0.202	0.652
Black	40,737	40,503	32,914	36,990	40,997	40,770	41,491	42,745	41,813	37,211	40,807	35,673	0.001 -	0.391
Hispanic	6,345	6,005	5,498	7,959	9,781	8,498	8,262	11,388	9,821	9,671	10,789	10,933	0.904	0.360
Other race	356	290	251	464	336	377	447	407	412	331	378	418	0.757	0.518
Race unknown	5,282	5,575	4,747	5,296	5,891	5,028	5,343	5,485	6,988	6,014	6,832	6,614	0.641	0.407
FACILITY LOCATION														
Central city	40,642	42,416	37,261	41,400	43,143	39,359	39,143	41,346	41,113	36,684	40,493	37,288	0.000 -	0.599
Outside central city	11,515	11,105	9,352	10,787	11,018	9,897	10,034	11,337	12,140	10,535	10,690	9,293	0.016 -	0.061
National Panel	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	32,363	37,998	34,780	0.219	0.589
DRUG USE MOTIVE														
Recreational use	8,485	8,025	8,310	8,248	13,158	11,299	11,512	11,293	11,876	10,825	14,136	11,270	0.024 -	0.801
Dependence	47,295	46,942	39,808	46,228	48,879	48,304	50,850	52,740	52,647	47,212	52,040	49,403	0.213	0.470
Suicide	6,161	6,337	5,735	5,978	7,067	6,936	7,513	7,869	7,786	7,080	8,174	7,001	0.075	0.957
Other/unknown motive	12,494	11,880	8,764	10,981	11,895	12,183	12,490	13,858	13,944	14,465	14,832	13,686	0.295	0.633
REASONS FOR ED CONTACT														
Unexpected reaction	17,760	14,404	11,532	14,316	16,108	16,725	16,138	17,732	17,511	15,945	21,062	20,046	0.517	0.202
Overdose	12,086	11,111	10,141	10,320	12,464	12,089	12,159	13,403	12,546	11,933	13,572	12,035	0.059	0.947
Chronic effects	13,562	17,665	13,478	14,333	13,895	12,678	12,192	12,930	12,703	11,243	12,088	11,067	0.038 -	0.776
Seeking detox	18,795	17,877	15,688	19,729	22,432	22,351	25,491	24,469	24,711	20,203	22,908	24,436	0.441	0.056
Withdrawal	1,672	1,632	1,843	1,914	1,760	1,578	1,843	1,920	2,011	2,953	2,471	1,495	0.117	0.247
Other/unknown reason	10,560	10,495	9,936	10,823	14,340	13,300	14,542	15,305	16,770	17,306	17,081	12,281	0.002 -	0.031 -

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 22 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**119,843**	**123,423**	**142,878**	**135,801**	**152,433**	**161,087**	**172,014**	**168,763**	**0.767**	**0.573**
AGE										
6-34	78,188	76,394	87,960	78,126	83,391	86,005	87,882	82,631	0.363	0.646
12-17	1,533	1,570	2,054	2,051	2,581	3,630	4,309	3,215	0.136	0.365
18-25	23,883	22,159	25,392	21,116	22,065	25,220	24,508	25,271	0.648	0.983
26-34	52,760	52,658	60,500	54,953	58,732	57,143	59,010	54,060	0.267	0.557
35+	41,288	46,614	54,238	57,348	68,723	74,602	83,729	85,871	0.711	0.099
GENDER										
Male	80,595	82,687	96,125	89,698	100,891	106,181	112,386	109,280	0.689	0.754
Female	38,194	39,936	45,663	44,679	50,187	53,357	58,181	58,256	0.983	0.254
RACE/ETHNICITY										
White	31,927	32,718	40,843	40,018	44,720	50,871	52,955	56,730	0.498	0.413
Black	69,123	68,706	76,984	73,417	77,986	82,260	84,558	78,018	0.282	0.539
Hispanic	11,824	12,713	13,373	11,502	17,740	16,760	21,209	20,460	0.638	0.301
Other race	502	561	890	541	800	824	819	709	0.434	0.415
Race unknown	6,467	8,724	10,788	10,323	11,187	10,371	12,472	12,846	0.729	0.117
FACILITY LOCATION										
Central city	74,589	74,678	78,825	79,677	84,543	78,502	82,459	77,177	0.036 -	0.707
Outside central city	18,663	18,915	21,722	20,457	21,805	19,931	23,477	21,225	0.060	0.406
National Panel	26,591	29,550	42,330	35,668	46,085	62,654	66,078	70,361	0.686	0.555
DRUG USE MOTIVE										
Recreational use	14,997	14,066	16,113	16,335	21,406	22,811	23,169	24,961	0.690	0.604
Dependence	77,455	77,892	91,265	86,749	95,107	99,154	105,388	99,252	0.379	0.992
Suicide	7,402	9,397	11,718	12,072	13,045	14,449	15,655	15,254	0.830	0.689
Other/unknown motive	19,988	22,068	23,782	20,644	22,876	24,673	27,802	29,297	0.527	0.121
REASONS FOR ED CONTACT										
Unexpected reaction	28,755	27,852	33,762	25,936	30,424	32,863	35,244	37,007	0.466	0.197
Overdose	16,242	18,991	22,191	21,251	22,784	24,249	25,949	25,504	0.880	0.695
Chronic effects	23,407	22,944	27,029	31,143	28,227	24,870	25,634	23,331	0.066	0.495
Seeking detox	30,826	31,801	35,687	33,565	42,161	47,842	49,181	43,111	0.322	0.586
Withdrawal	2,268	3,071	3,355	3,475	3,673	3,421	3,931	5,423	0.229	0.159
Other/unknown reason	18,344	18,764	20,854	20,432	25,163	27,842	32,075	34,387	0.401	0.087

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 23 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: Second half 1994 - first half 2000

HEROIN/MORPHINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]		*p*-value H1,H1, 99,00[1,3]	
TOTAL U.S.* **	**33,977**	**35,500**	**35,339**	**35,198**	**38,648**	**35,352**	**36,658**	**38,553**	**39,092**	**38,565**	**45,843**	**47,008**	**0.646**		**0.008**	**+**
AGE																
6-34	16,569	16,050	15,774	15,262	16,683	15,900	16,099	17,060	16,758	16,795	19,404	20,488	0.569		0.053	
12-17	265	144	260	229	330	531	848	444	465	394	292	...	...		...	
18-25	4,576	4,039	4,511	4,288	4,980	5,029	4,965	5,448	5,998	7,360	7,773	8,193	0.628		0.330	
26-34	11,728	11,868	11,002	10,741	11,374	10,339	10,286	11,166	10,294	9,041	11,338	11,850	0.672		0.017	+
35+	17,301	19,408	19,512	19,884	21,908	19,401	20,513	21,439	22,274	21,726	26,378	26,400	0.986		0.006	+
GENDER																
Male	23,642	24,636	24,530	23,662	26,150	24,340	23,760	26,102	26,363	26,048	30,575	31,472	0.623		0.007	+
Female	10,108	10,297	10,482	11,187	12,233	10,793	12,495	12,012	12,574	12,308	14,850	14,842	0.993		0.042	+
RACE/ETHNICITY																
White	12,610	13,890	13,181	11,693	13,691	12,955	13,927	14,289	15,302	15,364	18,281	19,455	0.459		0.012	+
Black	13,374	13,520	13,733	13,753	14,634	13,667	12,906	14,070	13,776	13,292	15,434	15,487	0.949		0.030	+
Hispanic	5,056	4,596	5,242	5,715	6,052	4,188	5,046	5,740	5,779	5,515	6,343	6,951	0.646		0.412	
Other race	162	221	145	286	191	432	232	428	215	169	272	117	0.229		0.000	-
Race unknown	2,774	3,272	3,038	3,752	4,079	4,109	4,547	4,026	4,021	4,226	5,513	4,998	0.165		0.062	
FACILITY LOCATION																
Central city	20,552	20,219	20,708	21,773	23,016	21,317	21,941	21,849	22,720	22,096	25,031	25,620	0.485		0.003	+
Outside central city	5,320	5,409	5,689	5,856	5,149	4,545	5,133	5,260	5,492	5,044	5,358	4,995	0.384		0.878	
National Panel	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,426	15,455	16,392	0.692		0.095	
DRUG USE MOTIVE																
Recreational use	2,505	2,159	3,118	2,826	3,498	2,381	2,471	2,179	2,183	2,620	2,536	2,792	0.593		0.693	
Dependence	26,540	28,539	27,012	27,945	29,349	28,160	28,844	30,662	31,565	30,639	37,500	38,024	0.810		0.011	+
Suicide	1,213	1,159	1,412	1,136	1,718	1,549	1,922	1,846	1,676	1,507	1,881	1,677	0.468		0.561	
Other/unknown motive	3,719	3,643	3,796	3,290	4,083	3,262	3,420	3,866	3,668	3,800	3,927	4,515	0.219		0.176	
REASONS FOR ED CONTACT																
Unexpected reaction	3,655	3,083	3,141	3,087	3,514	3,364	3,361	3,950	4,053	4,033	4,846	4,505	0.260		0.187	
Overdose	7,470	7,116	8,808	7,085	8,097	7,506	7,967	7,839	7,867	7,564	9,082	8,420	0.406		0.326	
Chronic effects	8,701	9,172	8,532	9,053	8,704	7,725	8,119	7,884	7,879	7,013	8,233	8,041	0.709		0.014	+
Seeking detox	7,457	8,465	7,870	9,127	9,998	9,737	10,087	10,630	11,404	12,216	14,588	16,917	0.252		0.062	
Withdrawal	3,580	4,352	3,955	3,840	3,990	3,546	3,610	4,495	4,328	4,103	5,209	5,055	0.786		0.142	
Other/unknown reason	3,113	3,312	3,033	3,007	4,345	3,474	3,513	3,755	3,561	3,636	3,885	4,070	0.719		0.553	

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 24 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**48,003**	**63,232**	**64,013**	**70,838**	**73,846**	**72,010**	**77,645**	**84,409**	**0.191**	**0.073**
AGE										
6-34	22,502	29,506	30,497	31,824	31,946	31,999	33,818	36,199	0.438	0.257
12-17	232	280	507	404	559	1,379	909	686	0.294	0.137
18-25	5,860	8,019	8,370	8,550	9,268	9,994	11,446	15,132	0.188	0.150
26-34	16,409	21,203	21,618	22,869	22,115	20,625	21,460	20,380	0.187	0.823
35+	25,376	33,613	33,359	38,919	41,792	39,914	43,714	48,104	0.067	0.017 +
GENDER										
Male	34,781	44,672	44,000	49,166	49,812	48,099	52,464	56,624	0.276	0.110
Female	12,832	18,159	19,515	20,779	23,420	23,289	24,586	27,157	0.093	0.042 +
RACE/ETHNICITY										
White	17,926	23,027	23,383	27,071	25,384	26,883	29,591	33,645	0.309	0.159
Black	18,600	23,347	25,989	27,253	28,387	26,573	27,846	28,726	0.412	0.203
Hispanic	8,519	11,327	9,452	9,838	11,767	9,234	11,519	11,858	0.704	0.185
Other race	294	699	282	367	477	664	643	441	0.049 -	0.044 -
Race unknown	2,665	4,831	4,906	6,310	7,831	8,656	8,047	9,739	0.014 +	0.438
FACILITY LOCATION										
Central city	29,374	35,828	38,644	40,926	44,789	43,258	44,569	47,127	0.090	0.112
Outside central city	7,673	10,170	9,932	11,098	11,005	9,678	10,753	10,402	0.660	0.401
National Panel	10,956	17,146	15,437	18,813	18,052	19,074	22,323	26,880	0.352	0.227
DRUG USE MOTIVE										
Recreational use	3,786	5,337	4,154	5,277	6,324	4,852	4,361	5,156	0.236	0.664
Dependence	36,271	47,911	50,505	55,551	57,294	57,004	62,227	68,139	0.231	0.091
Suicide	1,563	2,115	2,282	2,571	2,854	3,471	3,522	3,388	0.729	0.848
Other/unknown motive	6,384	7,869	7,071	7,439	7,373	6,683	7,535	7,727	0.688	0.104
REASONS FOR ED CONTACT										
Unexpected reaction	5,219	6,848	6,306	6,224	6,600	6,725	8,003	8,880	0.075	0.000 +
Overdose	12,226	16,557	13,752	15,924	15,182	15,473	15,706	16,646	0.453	0.354
Chronic effects	13,310	14,280	16,532	17,704	17,756	15,845	15,763	15,247	0.514	0.570
Seeking detox	9,204	14,396	14,831	16,334	19,126	19,824	22,034	26,804	0.247	0.240
Withdrawal	3,535	5,559	6,933	8,308	7,829	7,156	8,823	9,312	0.421	0.002 +
Other/unknown reason	4,509	5,591	5,659	6,345	7,352	6,987	7,316	7,520	0.696	0.498

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 25 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: Second half 1994 - first half 2000

MARIJUANA/HASHISH

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.* **	**21,105**	**24,277**	**20,994**	**24,892**	**28,897**	**32,402**	**32,343**	**37,883**	**38,987**	**43,109**	**44,041**	**47,535**	**0.306**	**0.533**
AGE														
6-34	16,906	18,752	16,528	19,088	22,229	23,551	23,955	27,770	28,066	31,223	30,399	33,420	0.256	0.667
12-17	3,267	4,049	3,925	4,371	5,611	5,841	5,215	7,348	5,786	7,004	5,729	7,467	0.004 +	0.747
18-25	7,443	7,759	7,044	7,094	8,635	9,925	9,463	10,780	12,127	13,496	13,776	15,195	0.423	0.475
26-34	6,190	6,932	5,545	7,535	7,899	7,724	9,263	9,628	10,142	10,673	10,743	10,669	0.932	0.998
35+	4,185	5,504	4,374	5,779	6,617	8,692	8,351	10,068	10,729	11,847	13,606	14,067	0.662	0.340
GENDER														
Male	14,976	16,796	14,484	16,457	20,194	21,795	21,384	24,975	25,820	28,401	29,658	30,180	0.820	0.708
Female	5,991	7,082	6,135	8,317	8,383	10,326	10,702	12,361	12,928	14,374	13,900	16,635	0.045 +	0.377
RACE/ETHNICITY														
White	10,014	10,963	9,919	11,460	13,044	15,973	15,927	18,073	20,363	23,385	22,079	24,508	0.371	0.840
Black	8,197	9,253	7,657	8,748	10,204	10,331	10,789	12,380	12,071	12,107	13,506	13,313	0.777	0.415
Hispanic	1,481	2,085	1,656	2,917	3,382	3,417	3,263	4,202	3,464	3,799	5,267	5,464	0.831	0.014 +
Other race	131	166	235	142	242	304	220	242	255	303	413	286	0.140	0.879
Race unknown	1,282	1,810	1,527	1,624	2,024	2,376	2,143	2,985	2,834	3,515	2,775	3,964	0.052	0.611
FACILITY LOCATION														
Central city	8,283	9,760	9,482	10,354	10,573	11,058	11,833	12,692	12,418	12,859	13,793	13,635	0.774	0.285
Outside central city	5,169	5,448	4,768	5,508	5,758	6,559	6,589	8,361	8,083	8,262	7,557	8,781	0.021 +	0.473
National Panel	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	21,988	22,691	25,119	0.465	0.654
DRUG USE MOTIVE														
Recreational use	5,123	6,595	5,714	6,416	8,839	9,191	8,008	9,698	9,929	11,704	13,003	14,031	0.459	0.382
Dependence	8,083	9,799	8,345	9,573	11,454	11,727	12,212	13,084	13,689	15,031	14,731	15,636	0.338	0.836
Suicide	2,139	2,163	2,261	3,031	2,496	3,582	3,400	4,361	4,684	4,973	5,085	5,883	0.412	0.618
Other/unknown motive	5,760	5,719	4,674	5,872	6,107	7,902	8,722	10,740	10,685	11,401	11,222	11,984	0.641	0.792
REASONS FOR ED CONTACT														
Unexpected reaction	5,425	6,573	5,444	6,659	7,487	8,780	7,331	9,135	8,873	10,673	12,473	14,790	0.400	0.279
Overdose	3,844	3,917	3,826	4,838	5,014	5,831	5,132	7,005	7,213	7,579	9,120	9,072	0.962	0.316
Chronic effects	2,359	3,554	2,893	3,194	2,794	2,803	2,795	3,461	3,217	3,407	3,484	3,941	0.107	0.190
Seeking detox	3,516	3,911	3,255	3,560	4,201	5,085	5,837	5,447	6,347	5,561	6,347	7,737	0.086	0.033 +
Withdrawal	354	151	276	220	462	285	479	405	865	...	775	633	0.575	...
Other/unknown reason	5,607	6,171	5,302	6,422	8,939	9,617	10,768	12,429	12,470	14,333	11,842	11,362	0.735	0.330

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 26 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**23,997**	**28,873**	**40,183**	**45,271**	**53,789**	**64,744**	**76,870**	**87,150**	**0.108**	**0.009 +**
AGE										
6-34	19,267	23,081	31,860	35,280	41,317	47,506	55,836	61,622	0.183	0.019 +
12-17	3,104	4,247	6,539	7,974	9,982	11,056	13,135	12,734	0.770	0.345
18-25	8,294	9,545	13,860	14,803	15,729	19,388	22,907	27,272	0.048 +	0.003 +
26-34	7,857	9,278	11,452	12,477	15,434	16,986	19,770	21,416	0.288	0.051
35+	4,689	5,624	8,277	9,879	12,396	17,043	20,796	25,453	0.064	0.005 +
GENDER										
Male	17,137	20,241	28,053	31,280	36,651	43,179	50,796	58,059	0.101	0.012 +
Female	6,463	8,368	11,762	13,216	16,700	21,028	25,289	28,274	0.167	0.009 +
RACE/ETHNICITY										
White	10,484	13,483	18,882	20,882	24,505	31,900	38,436	45,464	0.116	0.029 +
Black	8,934	10,104	15,053	16,910	18,952	21,121	24,452	25,613	0.563	0.091
Hispanic	2,724	2,690	3,109	3,741	6,300	6,680	7,666	9,066	0.111	0.152
Other race	107	202	302	401	384	524	497	716	0.172	0.185
Race unknown	1,749	2,394	2,837	3,337	3,648	4,520	5,819	6,291	0.470	0.069
FACILITY LOCATION										
Central city	9,930	12,008	15,585	19,242	20,927	22,891	25,110	26,652	0.296	0.113
Outside central city	5,511	6,948	9,730	10,216	11,266	13,148	16,444	15,820	0.459	0.050 +
National Panel	8,557	9,905	14,868	15,814	21,596	28,705	35,316	44,679	0.129	0.049 +
DRUG USE MOTIVE										
Recreational use	6,041	7,339	10,515	12,310	15,255	17,199	19,628	24,707	0.128	0.031 +
Dependence	9,043	10,780	15,014	18,144	21,027	23,939	26,772	29,763	0.178	0.099
Suicide	2,147	2,367	3,934	4,425	5,527	6,982	9,045	10,058	0.395	0.097
Other/unknown motive	6,767	8,387	10,719	10,393	11,979	16,624	21,425	22,623	0.581	0.074
REASONS FOR ED CONTACT										
Unexpected reaction	7,345	8,846	11,484	12,017	14,146	16,111	18,008	23,146	0.041 +	0.037 +
Overdose	4,321	4,708	7,059	7,743	9,852	10,964	14,218	16,699	0.179	0.006 +
Chronic effects	2,357	2,553	4,185	6,447	5,988	5,598	6,679	6,891	0.696	0.082
Seeking detox	4,543	5,382	6,185	7,166	7,761	10,923	11,794	11,908	0.949	0.614
Withdrawal	251	360	612	427	682	764	1,271	...	...	...
Other/unknown reason	5,181	7,023	10,658	11,473	15,360	20,385	24,899	26,175	0.607	0.090

*** Total includes patients whose gender or age was unknown.

... Estimate does not meet standard of precision.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 27 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: Second half 1994 - first half 2000

METHAMPHETAMINE/SPEED

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *	*p*-value H2,H1, 99,00[1,2]	*p*-value H1,H1, 99,00[1,3]
TOTAL U.S.* **	**9,841**	**9,678**	**6,257**	**4,197**	**6,805**	**8,218**	**8,936**	**6,534**	**4,957**	**4,730**	**5,717**	**6,980**	**0.076**	**0.015 +**
AGE														
6-34	7,263	7,116	4,592	3,278	4,550	5,797	6,654	4,593	3,659	3,300	3,821	4,928	0.068	0.018 +
12-17	1,072	1,085	353	318	710	...	949	795	...	248	560	744	0.497	0.022 +
18-25	3,151	2,785	2,003	1,704	2,024	2,149	2,569	1,847	1,635	1,536	1,753	1,891	0.746	0.296
26-34	3,040	3,246	2,236	1,256	1,748	2,787	3,137	1,951	1,738	1,516	1,472	2,292	0.122	0.078
35+	2,571	2,559	1,662	916	2,248	2,421	2,275	1,938	1,295	1,428	1,889	2,048	0.609	0.067
GENDER														
Male	6,349	6,147	4,177	2,501	4,628	5,266	6,127	4,016	2,793	2,741	3,313	4,280	0.051	0.020 +
Female	3,459	3,496	1,989	1,618	2,101	2,870	2,785	2,387	2,150	1,928	2,384	2,661	0.467	0.171
RACE/ETHNICITY														
White	6,728	6,141	4,119	2,521	4,258	5,638	6,164	4,983	3,471	3,158	4,022	4,419	0.502	0.056
Black	632	477	450	209	591	563	303	162	...	...	230	422	0.081	...
Hispanic	1,491	...	990	559	1,115	...	1,379	602	...	...	...	...	...	...
Other race	67	...	173	...	136	...	153	46	36	...	...	...	...	...
Race unknown	...	949	525	723	705	743	937	741	244	420	562	737	0.158	0.005 +
FACILITY LOCATION														
Central city	1,757	1,727	1,183	1,212	1,371	1,394	1,464	1,182	875	860	1,013	1,156	0.001 +	0.000 +
Outside central city	1,180	1,263	857	808	1,111	1,346	1,495	961	662	659	905	1,087	0.013 +	0.000 +
National Panel	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,211	3,799	4,736	0.185	0.098
DRUG USE MOTIVE														
Recreational use	2,584	2,135	1,336	1,447	1,656	1,899	2,174	1,559	1,263	1,069	1,133	1,670	0.122	0.070
Dependence	4,023	4,576	2,671	1,719	3,129	4,227	4,785	3,507	2,819	2,897	3,808	4,038	0.695	0.102
Suicide	435	535	563	279	520	693	705	524	281	300	223	402	0.226	0.511
Other/unknown motive	...	2,433	1,688	751	...	1,399	1,272	944	595	463	554	869	0.307	0.143
REASONS FOR ED CONTACT														
Unexpected reaction	3,462	3,019	2,149	1,708	2,495	3,580	3,091	1,964	2,146	1,250	1,619	1,457	0.699	0.559
Overdose	2,571	2,570	1,485	738	1,437	1,958	1,667	1,316	737	876	1,006	1,494	0.247	0.142
Chronic effects	1,671	1,639	1,239	772	1,136	1,063	1,291	1,036	550	629	652	1,072	0.084	0.074
Seeking detox	499	810	288	319	575	489	671	884	402	587	...	...	...	...
Withdrawal	247	...	...	...	189	67	...	...	...	...	...	...	...	...
Other/unknown reason	1,391	972	844	572	973	1,062	1,905	968	947	...	...	...	...	...

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares the second half of 1999 to the first half of 2000.

[3] This column compares the first half of 1999 to the first half of 2000.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 28 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	*p*-value 1998, 1999[1,2]	*p*-value 1997, 1999[1,3]
TOTAL U.S.* **	**6,563**	**9,926**	**17,665**	**15,936**	**11,002**	**17,154**	**11,491**	**10,447**	**0.389**	**0.002 -**
AGE										
6-34	5,177	7,731	13,335	11,709	7,828	12,451	8,252	7,121	0.223	0.004 -
12-17	669	663	1,968	1,438	1,028	1,810	1,081	808	0.266	0.030 -
18-25	1,719	3,425	5,494	4,788	3,728	4,718	3,482	3,289	0.708	0.057
26-34	2,790	3,642	5,870	5,482	3,004	5,924	3,689	2,988	0.113	0.003 -
35+	1,378	2,182	4,318	4,221	3,165	4,696	3,233	3,316	0.842	0.014 -
GENDER										
Male	4,459	6,747	11,394	10,324	7,129	11,393	6,809	6,054	0.379	0.001 -
Female	2,022	3,073	6,210	5,485	3,719	5,654	4,536	4,312	0.724	0.060
RACE/ETHNICITY										
White	4,607	7,070	12,374	10,260	6,779	11,802	8,454	7,180	0.139	0.003 -
Black	263	347	982	927	800	866	490	...	...	...
Hispanic	925	1,343	2,606	2,865	1,674	2,553	...	1,489	...	0.065
Other race	54	77	114	409	321	253	82	...	...	...
Race unknown	714	1,088	1,590	1,474	1,428	1,680	985	982	0.989	0.070
FACILITY LOCATION										
Central city	1,846	2,509	3,072	2,910	2,584	2,858	2,057	1,873	0.006 -	0.000 -
Outside central city	1,402	1,789	2,348	2,120	1,919	2,842	1,623	1,564	0.625	0.000 -
National Panel	3,315	5,628	12,245	10,906	6,499	11,454	7,810	7,010	0.507	0.041 -
DRUG USE MOTIVE										
Recreational use	2,103	2,691	4,243	3,471	3,104	4,073	2,822	2,202	0.294	0.002 -
Dependence	2,216	3,498	7,123	7,247	4,848	9,012	6,326	6,705	0.786	0.197
Suicide	...	865	922	1,098	799	1,398	805	523	0.213	0.002 -
Other/unknown motive	1,661	2,872	...	4,120	2,251	2,671	1,538	1,017	0.204	0.114
REASONS FOR ED CONTACT										
Unexpected reaction	2,345	3,689	6,359	5,168	4,202	6,671	4,110	2,869	0.156	0.042 -
Overdose	1,916	2,844	4,454	4,055	2,175	3,625	2,052	1,883	0.674	0.003 -
Chronic effects	949	1,310	2,551	2,879	1,908	2,354	1,585	1,281	0.303	0.001 -
Seeking detox	537	839	1,375	1,098	894	1,161	1,287	1,190	0.637	0.935
Withdrawal	...	130	...	...	277	378	...	...	...	...
Other/unknown reason	501	1,114	2,292	1,816	1,546	2,966	1,915	...	...	...

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

[1] In this column, "+" and "-" denote statistically significant increases and decreases, respectively, between estimates for periods noted. For the purposes of this report, *p*-values less than 0.05 are considered to be statistically significant.

[2] This column compares 1998 to 1999.

[3] This column compares 1997 to 1999.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 29 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by half year: Second half 1994 - first half 2000

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
DRUG EPISODES	115.1	116.7	104.1	107.3	111.3	111.8	109.8	113.3	112.1	114.8	113.4	119.2
DRUG MENTIONS	200.0	203.4	184.0	188.9	196.8	199.5	197.3	205.0	203.2	210.3	207.2	218.6
Alcohol-in-combination	36.0	37.3	34.4	34.3	36.3	35.9	36.4	37.9	38.9	42.1	38.6	39.6
Cocaine	32.2	31.5	26.8	30.5	34.3	33.2	34.5	35.7	35.7	32.8	36.6	33.2
Heroin/morphine	14.7	15.3	15.1	15.0	16.4	14.9	15.4	16.1	16.2	15.9	18.8	19.2
Acetaminophen	7.5	8.1	7.6	8.6	7.6	7.8	7.1	7.2	6.2	6.0	5.6	7.1
Aspirin	4.1	3.7	3.5	3.7	3.1	3.2	3.0	3.1	3.3	2.8	2.5	3.3
Ibuprofen	4.0	4.6	4.6	3.7	3.6	3.6	3.6	3.7	3.5	3.1	2.8	3.7
Alprazolam	4.0	3.9	3.4	3.8	3.3	3.7	3.7	3.8	3.6	4.1	4.3	4.2
Marijuana/hashish	9.1	10.5	9.0	10.6	12.2	13.7	13.6	15.8	16.1	17.8	18.1	19.4
Diazepam	3.3	3.2	2.9	2.8	3.0	2.9	2.7	2.4	2.9	2.1	2.6	2.6
Amitriptyline	2.3	2.1	1.7	2.3	1.5	1.8	1.7	1.5	1.3	1.0	1.3	1.4
Acetamin./codeine	1.6	1.5	1.5	1.2	1.2	1.5	1.3	1.0	1.1	0.8	0.8	0.8
OTC sleep aids	1.6	1.4	1.5	1.8	1.4	1.4	1.1	1.3	1.1	1.1	1.0	1.5
Lorazepam	2.8	2.6	2.2	2.3	2.0	2.3	2.2	2.3	2.0	2.5	1.9	2.4
d-Propoxyphene	1.5	1.6	1.4	1.5	1.4	1.4	1.8	1.6	1.2	1.5	1.0	1.4
Fluoxetine	2.1	2.0	2.0	2.2	1.9	2.3	2.1	2.2	1.8	2.3	1.6	1.6
Diphenhydramine	2.2	2.1	1.6	1.9	2.1	2.0	1.7	1.4	1.1	1.1	1.2	1.1
Methamphetamine/speed	4.3	4.2	2.7	1.8	2.9	3.5	3.7	2.7	2.1	2.0	2.3	2.8
Oxycodone	0.9	0.8	0.7	0.6	0.7	0.9	1.1	1.0	1.2	1.3	1.4	2.1
PCP/PCP combinations	1.3	1.4	1.3	0.8	0.8	0.9	0.8	0.9	0.8	0.9	1.2	1.3
Lithium carbonate	1.5	1.7	1.2	1.1	0.9	1.2	0.9	0.8	0.7	1.0	0.6	0.6
Clonazepam	2.7	2.8	2.8	2.9	2.8	3.1	3.0	3.7	3.6	3.6	3.2	3.8
Hydantoin	0.6	0.9	0.7	0.7	0.6	0.6	0.4	0.6	0.6	0.7	0.5	0.4
Hydrocodone	1.9	2.0	1.9	2.4	2.0	2.2	2.3	2.4	2.8	2.6	3.4	3.9
LSD	1.4	1.1	1.3	1.1	0.9	1.5	0.6	0.7	1.3	1.0	1.1	0.9
Triazolam	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	...
Phenobarbital	0.5	0.6	0.7	0.5	0.5	0.4	0.3	0.5	0.5	0.4	0.3	0.4
Doxepin	1.0	0.7	0.5	0.5	0.6	0.6	0.3	0.4	0.3	0.3	0.3	0.2
Cyclobenzaprine	0.7	0.6	0.7	0.7	0.8	0.7	0.9	0.6	0.6	0.6	0.5	0.7
Haloperidol	0.8	0.7	0.5	0.5	0.9	0.5	0.5	0.4	0.5	0.3	0.2	0.1
Amphetamine	2.3	2.4	1.6	1.5	2.5	1.9	2.4	2.2	2.7	2.3	2.6	3.1
Trazodone	1.7	2.1	2.0	2.0	1.9	1.8	1.9	2.1	1.9	2.2	1.8	2.2
Carisoprodol	1.3	1.9	1.4	1.6	1.5	1.2	1.3	1.8	1.7	1.8	1.8	1.9
Naproxen	0.9	1.0	1.2	1.0	0.9	1.1	1.1	1.2	1.1	1.1	0.8	1.0
Imipramine	0.6	0.7	0.4	0.3	0.5	0.3	0.2	0.2	0.1	0.2	0.1	0.1
Carbamazepine	0.8	0.8	0.7	0.8	0.8	0.7	0.8	0.6	0.8	0.8	0.5	0.5
Thioridazine	0.8	0.7	0.4	0.5	0.4	0.3	0.4	0.3	0.2	0.1	0.1	0.2
TOTAL ED VISITS**	**19,565.7**	**18,974.6**	**19,085.0**	**19,323.4**	**19,432.4**	**18,691.4**	**19,020.3**	**18,459.7**	**18,792.2**	**18,716.4**	**18,745.4**	**18,742.4**

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.
SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 30 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by year: 1992-1999

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
DRUG EPISODES	191.4	201.3	225.2	220.8	218.6	221.5	225.4	228.2
DRUG MENTIONS	331.9	347.9	391.0	387.4	385.7	396.8	408.3	417.5
Alcohol-in-combination	62.6	62.7	69.8	71.7	70.6	72.3	76.8	80.7
Cocaine	52.9	53.9	62.0	58.4	64.8	67.7	71.5	69.4
Heroin/morphine	21.2	27.6	27.8	30.4	31.4	30.3	32.3	34.7
Acetaminophen	13.8	14.9	16.8	15.7	16.3	14.9	13.4	11.6
Aspirin	8.3	8.3	8.4	7.2	6.7	6.1	6.4	5.3
Ibuprofen	7.2	7.7	8.3	9.1	7.2	7.2	7.1	5.9
Alprazolam	7.3	7.4	7.5	7.3	7.1	7.3	7.4	8.4
Marijuana/hashish	10.6	12.6	17.5	19.5	22.9	27.2	31.9	35.8
Diazepam	6.2	5.4	5.9	6.1	5.8	5.6	5.3	4.7
Amitriptyline	4.5	4.3	4.9	3.8	3.8	3.5	2.8	2.4
Acetamin./codeine	3.1	3.3	3.0	2.9	2.5	2.8	2.1	1.5
OTC sleep aids	3.1	2.3	3.0	2.9	3.2	2.6	2.4	2.1
Lorazepam	3.9	4.5	5.3	4.8	4.3	4.5	4.3	4.4
d-Propoxyphene	2.9	3.5	3.2	3.0	2.9	3.2	2.9	2.6
Fluoxetine	3.7	3.3	4.0	4.1	4.1	4.4	4.1	3.9
Diphenhydramine	3.5	3.2	4.1	3.7	4.0	3.7	2.5	2.2
Methamphetamine/speed	2.9	4.3	7.7	6.8	4.7	7.2	4.8	4.3
Oxycodone	1.7	1.5	1.8	1.5	1.4	2.0	2.2	2.6
PCP/PCP combinations	2.3	2.9	2.6	2.7	1.7	1.8	1.7	2.0
Lithium carbonate	2.1	2.3	2.6	2.9	2.0	2.0	1.4	1.6
Clonazepam	3.6	4.4	5.3	5.5	5.7	6.1	7.2	6.8
Hydantoin	1.7	1.5	1.4	1.5	1.2	1.0	1.2	1.2
Hydrocodone	2.7	2.7	3.7	3.9	4.5	4.5	5.2	6.0
LSD	1.5	1.5	2.2	2.4	1.9	2.2	2.1	2.1
Triazolam	0.7	0.6	0.4	0.3	0.3	0.1	0.2	0.2
Phenobarbital	1.4	1.3	1.1	1.2	1.0	0.8	1.1	0.6
Doxepin	1.6	1.5	1.9	1.2	1.0	0.9	0.6	0.6
Cyclobenzaprine	1.2	1.2	1.4	1.3	1.5	1.5	1.2	1.1
Haloperidol	1.3	1.4	1.3	1.2	1.4	1.0	0.9	0.5
Amphetamine	1.6	2.4	4.2	4.0	4.0	4.3	4.9	4.9
Trazodone	2.0	2.5	3.2	4.1	3.9	3.7	4.0	4.1
Carisoprodol	2.6	2.9	2.9	3.3	3.1	2.6	3.5	3.6
Naproxen	1.2	1.4	1.9	2.3	1.9	2.2	2.3	1.9
Imipramine	1.9	1.4	1.2	1.1	0.8	0.6	0.3	0.3
Carbamazepine	1.5	2.1	1.7	1.6	1.6	1.5	1.3	1.3
Thioridazine	1.3	1.3	1.4	1.1	1.0	0.7	0.5	0.2
TOTAL ED VISITS**	**37,944.8**	**38,274.9**	**38,923.9**	**38,059.9**	**38,756.1**	**37,712.6**	**37,252.9**	**37,461.8**

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 31 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

DRUG EPISODES

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**115**	**117**	**104**	**107**	**111**	**112**	**110**	**113**	**112**	**115**	**113**	**119**
Atlanta	224	214	201	170	179	148	146	202	188	177	191	206
Baltimore	374	372	341	344	362	290	267	279	314	305	300	242
Boston	244	244	206	197	177	175	160	183	187	156	157	187
Buffalo	157	148	148	198	189	168	132	135	148	128	155	157
Chicago	204	206	178	191	217	221	241	219	226	211	229	242
Dallas	115	112	109	105	103	121	136	149	146	127	127	126
Denver	167	162	140	116	106	135	143	129	130	142	160	150
Detroit	193	257	194	255	244	223	195	199	210	190	184	200
Los Angeles - Long Beach	119	123	112	122	122	106	100	96	106	117	126	125
Miami - Hialeah	163	179	172	167	173	173	162	168	171	178	194	213
Minneapolis - St. Paul	100	97	91	103	106	110	103	95	89	101	93	98
New Orleans	209	226	279	248	250	220	219	231	193	192	175	182
New York	267	260	244	257	237	230	219	216	215	180	183	166
Newark	280	314	312	301	263	235	266	258	240	225	231	203
Philadelphia	206	227	221	230	237	245	251	268	258	258	252	223
Phoenix	189	212	188	192	180	186	177	184	162	198	204	200
St. Louis	137	134	112	130	136	121	120	121	120	134	130	137
San Diego	107	102	100	125	124	131	155	151	142	135	157	158
San Francisco	450	330	329	307	305	295	303	289	280	263	292	279
Seattle	276	242	215	233	217	269	288	241	192	203	231	263
Washington, DC	206	172	147	159	154	150	146	156	146	130	136	127
National Panel	81	83	72	74	80	83	81	85	84	91	87	96

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 32 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by year: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**191**	**201**	**225**	**221**	**219**	**222**	**225**	**228**
Atlanta	338	295	411	416	349	294	390	368
Baltimore	593	610	715	712	705	556	592	605
Boston	365	359	430	449	375	335	370	313
Buffalo	220	279	323	296	387	300	283	283
Chicago	317	320	381	384	409	462	445	440
Dallas	176	203	220	221	208	257	295	254
Denver	247	252	333	302	222	278	259	303
Detroit	393	472	420	452	499	417	409	374
Los Angeles - Long Beach	246	255	237	235	245	205	202	242
Miami - Hialeah	264	310	323	351	340	336	339	372
Minneapolis - St. Paul	175	201	203	189	208	212	184	194
New Orleans	473	358	412	505	497	438	424	367
New York	568	566	538	504	494	448	432	362
Newark	519	540	547	626	564	500	497	457
Philadelphia	461	439	391	448	467	496	526	510
Phoenix	317	304	351	400	372	363	346	402
St. Louis	197	178	265	246	266	241	240	264
San Diego	269	232	220	201	249	286	293	292
San Francisco	705	775	771	659	612	598	569	555
Seattle	342	396	545	457	450	556	433	434
Washington, DC	296	338	386	319	313	295	303	266
National Panel	125	135	160	155	154	164	170	178

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 33 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

DRUG MENTIONS

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**200**	**203**	**184**	**189**	**197**	**200**	**197**	**205**	**203**	**210**	**207**	**219**
Atlanta	452	433	406	340	370	300	296	388	348	336	367	406
Baltimore	633	633	577	574	621	502	461	470	545	536	522	405
Boston	457	455	387	365	325	323	291	332	342	283	287	324
Buffalo	282	263	269	372	350	316	248	248	273	232	282	287
Chicago	353	362	313	343	394	417	451	405	417	385	420	440
Dallas	209	205	203	199	185	224	250	280	270	236	230	229
Denver	275	294	246	199	184	236	247	225	230	239	278	260
Detroit	343	473	356	481	454	409	361	376	387	362	340	384
Los Angeles - Long Beach	206	212	196	208	217	185	170	163	190	208	225	224
Miami - Hialeah	261	282	269	263	273	283	265	279	288	301	334	369
Minneapolis - St. Paul	194	188	176	198	197	209	191	181	163	188	187	191
New Orleans	423	435	523	469	471	403	415	430	374	378	356	354
New York	401	389	383	413	389	370	359	346	351	296	302	277
Newark	492	550	561	568	458	397	449	439	405	383	386	346
Philadelphia	371	410	398	414	424	450	465	489	474	478	477	426
Phoenix	318	357	311	328	299	316	312	314	288	341	342	338
St. Louis	246	248	203	234	241	212	227	224	226	247	240	262
San Diego	183	181	172	217	219	233	270	266	245	234	267	257
San Francisco	658	508	500	457	455	421	436	402	384	367	423	423
Seattle	472	405	353	378	351	459	498	406	318	331	382	443
Washington, DC	366	294	243	266	263	251	249	257	241	217	221	198
National Panel	142	146	130	130	143	151	148	159	157	172	163	180

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 34 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by year: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**332**	**348**	**391**	**387**	**386**	**397**	**408**	**418**
Atlanta	683	564	811	839	710	596	736	703
Baltimore	1,044	1,050	1,212	1,210	1,194	963	1,016	1,058
Boston	650	655	797	842	690	614	674	569
Buffalo	364	485	559	532	721	564	520	514
Chicago	550	559	661	675	737	868	822	806
Dallas	312	370	399	408	384	474	550	466
Denver	427	424	558	539	383	483	455	517
Detroit	707	880	753	828	935	770	763	701
Los Angeles - Long Beach	421	440	409	407	425	355	353	433
Miami - Hialeah	439	483	518	551	536	548	567	634
Minneapolis - St. Paul	346	387	397	363	395	400	344	375
New Orleans	873	719	822	958	939	818	804	734
New York	832	820	801	771	802	728	697	598
Newark	880	933	963	1,112	1,026	846	844	769
Philadelphia	803	776	700	807	838	916	963	955
Phoenix	523	514	591	668	627	627	602	682
St. Louis	340	301	484	451	475	439	450	487
San Diego	454	395	379	353	436	503	511	501
San Francisco	1,028	1,155	1,152	1,008	912	856	786	790
Seattle	571	661	931	757	729	957	724	714
Washington, DC	508	594	687	537	529	501	498	438
National Panel	224	239	282	276	273	299	316	335

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 35 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

COCAINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**32**	**32**	**27**	**31**	**34**	**33**	**35**	**36**	**36**	**33**	**37**	**33**
Atlanta	133	128	117	100	102	82	74	114	104	89	100	105
Baltimore	206	210	174	178	198	141	132	137	159	148	148	99
Boston	78	83	65	60	54	46	46	56	67	46	49	49
Buffalo	71	67	79	118	120	95	68	65	65	52	65	48
Chicago	105	106	82	100	120	122	125	117	114	104	122	121
Dallas	31	32	30	29	29	34	40	52	54	41	45	41
Denver	40	43	32	26	26	32	37	32	41	41	45	40
Detroit	83	132	81	126	124	107	85	98	104	88	91	94
Los Angeles - Long Beach	31	33	28	33	36	28	29	31	37	37	42	42
Miami - Hialeah	79	85	83	81	87	88	86	94	94	98	112	110
Minneapolis - St. Paul	14	10	10	13	16	15	16	17	16	17	17	15
New Orleans	80	74	99	92	110	99	100	109	91	89	87	76
New York	126	123	121	136	128	124	120	120	114	88	87	73
Newark	130	134	135	135	117	92	109	106	102	86	86	74
Philadelphia	96	107	101	107	118	116	124	140	135	130	130	105
Phoenix	29	34	25	33	37	34	33	37	36	42	49	40
St. Louis	52	48	32	38	42	30	33	43	44	49	48	47
San Diego	12	14	14	17	21	17	19	19	21	18	27	22
San Francisco	120	84	82	74	74	63	63	57	58	48	72	71
Seattle	82	65	51	60	54	67	83	66	59	56	74	73
Washington, DC	73	55	41	52	51	42	43	50	48	38	43	34
National Panel	13	12	10	11	16	17	19	19	19	19	22	20

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 36 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by year: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**53**	**54**	**62**	**58**	**65**	**68**	**72**	**69**
Atlanta	198	167	234	245	202	156	218	189
Baltimore	370	346	400	384	376	273	296	296
Boston	122	111	133	147	114	91	123	96
Buffalo	72	108	133	146	238	163	129	117
Chicago	148	154	192	188	220	247	232	225
Dallas	53	58	61	62	58	74	106	86
Denver	56	65	86	75	53	69	73	87
Detroit	173	222	195	212	250	192	202	178
Los Angeles - Long Beach	67	66	62	61	69	56	68	79
Miami - Hialeah	109	148	151	168	168	174	187	210
Minneapolis - St. Paul	20	20	25	20	29	31	33	34
New Orleans	252	147	164	174	203	199	199	176
New York	259	265	252	244	264	244	233	175
Newark	238	224	246	268	253	201	208	172
Philadelphia	246	221	186	208	224	239	275	260
Phoenix	47	43	55	59	69	66	73	91
St. Louis	65	54	102	80	80	64	87	97
San Diego	51	38	29	28	39	36	41	44
San Francisco	184	200	205	166	149	126	116	120
Seattle	80	96	157	116	114	150	125	130
Washington, DC	117	117	132	96	104	85	97	81
National Panel	16	18	26	21	27	37	38	40

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 37 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

HEROIN/MORPHINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**15**	**15**	**15**	**15**	**16**	**15**	**15**	**16**	**16**	**16**	**19**	**19**
Atlanta	10	8	8	8	7	7	8	8	9	7	8	9
Baltimore	185	189	178	175	183	133	124	131	159	150	149	123
Boston	45	45	38	37	39	35	34	37	38	37	40	48
Buffalo	24	17	25	24	24	22	28	24	33	26	29	41
Chicago	44	40	44	46	63	68	80	77	82	79	85	102
Dallas	5	6	5	7	8	11	11	11	10	9	10	10
Denver	18	15	16	13	9	12	18	16	16	20	21	20
Detroit	24	33	26	39	38	38	35	34	34	30	33	39
Los Angeles - Long Beach	18	17	20	21	19	16	14	15	17	17	18	16
Miami - Hialeah	7	10	9	9	12	15	17	19	21	24	24	35
Minneapolis - St. Paul	2	2	3	2	3	4	4	4	4	4	5	4
New Orleans	10	9	14	12	15	19	18	22	22	24	31	38
New York	70	66	67	70	67	59	55	55	55	49	61	57
Newark	137	156	172	170	137	105	141	144	139	127	133	117
Philadelphia	31	41	44	42	43	37	44	35	40	41	46	41
Phoenix	12	12	13	15	17	21	21	23	21	20	23	21
St. Louis	8	9	8	11	11	11	9	13	14	17	19	20
San Diego	14	13	17	24	18	18	22	21	22	22	25	27
San Francisco	133	98	106	102	101	91	84	84	65	76	115	101
Seattle	59	51	58	66	63	74	80	67	60	61	67	65
Washington, DC	21	18	17	19	22	22	23	28	28	23	24	24
National Panel	5	6	5	5	6	6	6	7	6	7	9	9

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 38 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by year: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**21**	**28**	**28**	**30**	**31**	**30**	**32**	**35**
Atlanta	9	10	17	16	15	15	18	16
Baltimore	234	259	338	367	358	256	290	299
Boston	59	66	71	83	76	69	75	77
Buffalo	19	31	39	42	48	50	57	55
Chicago	53	64	85	83	109	148	159	164
Dallas	12	13	10	12	15	21	21	18
Denver	8	18	33	31	22	31	32	41
Detroit	46	59	52	58	77	72	68	62
Los Angeles - Long Beach	37	46	36	38	40	30	31	35
Miami - Hialeah	10	14	15	18	21	32	41	48
Minneapolis - St. Paul	4	6	3	5	6	7	8	9
New Orleans	13	12	17	24	26	36	44	55
New York	106	142	140	133	136	115	110	110
Newark	170	265	262	328	307	246	282	260
Philadelphia	53	55	54	85	85	82	76	87
Phoenix	17	25	25	25	32	41	44	43
St. Louis	9	10	18	17	22	20	27	37
San Diego	45	37	30	30	42	39	42	46
San Francisco	208	243	233	204	203	175	150	191
Seattle	61	94	113	109	130	154	127	128
Washington, DC	42	39	34	35	41	45	55	46
National Panel	7	10	9	11	11	11	13	15

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 39 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

MARIJUANA/HASHISH

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**9**	**11**	**9**	**11**	**12**	**14**	**14**	**16**	**16**	**18**	**18**	**19**
Atlanta	34	31	31	26	32	28	30	51	44	43	48	49
Baltimore	18	18	25	22	30	30	31	31	34	34	37	32
Boston	30	36	31	30	29	25	23	40	38	26	27	36
Buffalo	13	11	21	29	26	29	21	22	26	24	28	28
Chicago	22	27	24	29	33	36	41	44	41	38	38	42
Dallas	10	11	13	12	11	18	20	31	31	25	23	24
Denver	13	21	12	10	9	14	19	19	18	18	24	24
Detroit	33	51	43	54	47	44	45	48	53	52	43	50
Los Angeles - Long Beach	9	11	10	13	13	13	12	16	25	30	35	33
Miami - Hialeah	22	26	27	27	28	30	25	30	29	30	37	45
Minneapolis - St. Paul	10	10	10	12	11	13	13	10	11	13	13	16
New Orleans	37	37	51	48	58	54	60	60	40	45	41	43
New York	18	19	18	21	23	24	23	24	20	21	20	20
Newark	21	24	19	20	16	14	14	15	15	17	12	14
Philadelphia	25	34	33	37	38	46	51	60	52	60	55	49
Phoenix	15	14	10	17	14	18	19	19	17	27	23	21
St. Louis	20	23	15	18	22	22	25	29	27	36	32	36
San Diego	10	10	11	12	15	19	22	26	22	17	21	21
San Francisco	16	17	16	15	12	12	12	13	12	10	19	22
Seattle	26	29	25	26	22	41	47	30	19	21	20	33
Washington, DC	41	30	25	29	29	31	32	29	32	31	34	32
National Panel	5	5	4	5	7	9	8	10	11	13	13	14

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 40 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by year: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**11**	**13**	**18**	**20**	**23**	**27**	**32**	**36**
Atlanta	37	32	58	63	58	58	96	91
Baltimore	31	28	35	42	53	61	65	72
Boston	29	34	53	67	59	48	79	53
Buffalo	7	15	25	32	55	50	48	51
Chicago	27	24	39	51	61	76	85	77
Dallas	15	16	20	24	23	38	62	48
Denver	16	14	27	33	19	32	37	43
Detroit	37	67	70	94	101	89	102	95
Los Angeles - Long Beach	17	22	20	21	26	25	41	64
Miami - Hialeah	20	26	39	53	55	55	59	67
Minneapolis - St. Paul	12	17	21	20	23	26	21	26
New Orleans	43	53	77	88	106	113	100	86
New York	25	26	32	37	44	46	44	41
Newark	24	26	37	43	36	28	30	29
Philadelphia	37	43	46	67	74	97	112	114
Phoenix	9	12	23	24	31	37	36	50
St. Louis	10	7	40	37	40	47	56	68
San Diego	18	21	22	21	27	41	47	38
San Francisco	19	30	31	33	27	25	25	29
Seattle	19	22	47	53	48	87	49	42
Washington, DC	35	58	74	55	58	63	62	65
National Panel	5	6	9	9	13	17	20	25

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 41 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

METHAMPHETAMINE/SPEED

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**4.3**	**4.2**	**2.7**	**1.8**	**2.9**	**3.5**	**3.7**	**2.7**	**2.1**	**2.0**	**2.3**	**2.8**
Atlanta	1.9	2.2	3.3	1.5	3.6	3.1	4.7	3.4	2.4	1.1	1.9	2.4
Baltimore	0.1	0.1	0.0	0.1	0.1	0.2	0.1	...	0.2	0.2	0.2	0.2
Boston	0.0	...	0.2	...	...	0.1	0.2	0.1	0.1	0.2	...	0.2
Buffalo	0.1	0.4	...	0.9	0.1	0.6	...	0.2	0.7	0.6	0.1	0.5
Chicago	0.2	0.5	0.1	0.3	0.2	0.2	0.3	0.3	0.3	0.2	0.2	0.1
Dallas	3.9	5.3	3.3	2.2	2.6	3.2	3.4	4.9	2.7	2.4	1.7	2.8
Denver	5.8	6.6	5.0	2.9	3.8	9.6	9.1	4.2	3.4	1.8	4.6	3.8
Detroit	...	...	...	0.1	...	...	0.0	0.0	0.0	0.0	...	0.0
Los Angeles - Long Beach	8.9	9.9	5.6	7.0	8.3	7.1	7.5	5.0	4.3	4.9	5.8	6.0
Miami - Hialeah	0.4	0.1	0.2	0.3	0.2	0.1	0.4	0.4	0.5	...	0.3	0.4
Minneapolis - St. Paul	1.2	2.5	1.6	2.1	2.5	4.7	...	2.9	1.8	2.4	2.3	2.2
New Orleans	0.9	0.6	0.9	0.9	1.0	0.8	1.4	1.1	1.0	0.7	1.2	0.7
New York	0.1	0.2	...	0.1	0.2	0.2	...	0.2	0.2	0.2	0.0	0.2
Newark	...	...	0.0	0.1	...	0.0	...	...	...	0.1	...	...
Philadelphia	0.7	0.5	1.4	0.4	1.0	1.2	0.9	0.4	0.7	0.4	0.6	...
Phoenix	22.1	23.0	16.3	19.9	16.4	22.9	16.7	14.4	7.4	7.2	9.4	11.8
St. Louis	1.1	2.5	0.8	...	1.0	1.0	1.8	1.3	...	1.8	2.5	4.1
San Diego	18.5	17.9	11.7	12.4	16.1	17.7	23.6	17.7	12.5	10.8	13.4	18.3
San Francisco	51.1	40.4	31.3	25.9	33.9	30.8	33.4	24.2	14.5	15.6	18.8	17.8
Seattle	9.3	9.7	4.2	3.8	6.5	11.2	14.0	8.3	5.5	7.7	10.4	13.8
Washington, DC	0.9	...	0.3	...	0.2	...	...	0.3	0.2	...	0.7	...
National Panel	4.1	4.0	2.5	1.3	2.5	3.2	3.5	2.5	2.0	1.8	2.2	2.7

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 42 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by year: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**3**	**4**	**8**	**7**	**5**	**7**	**5**	**4**
Atlanta	1	2	4	6	5	8	6	3
Baltimore	0	0	0	0	0	0	0	0
Boston	0	0	0	0	...	0	0	0
Buffalo	0	1	1	1	1	1	1	1
Chicago	0	0	0	1	1	1	1	0
Dallas	3	3	7	9	5	7	8	4
Denver	2	4	10	12	7	19	8	6
Detroit	0	1	0	0	...	...	0	...
Los Angeles - Long Beach	10	15	17	16	15	15	9	11
Miami - Hialeah	0	0	0	0	1	1	1	1
Minneapolis - St. Paul	2	2	3	4	5	9	5	5
New Orleans	2	1	1	2	2	2	2	2
New York	0	0	0	0	0	0	0	0
Newark	1	0	...	...	...	...	...	0
Philadelphia	3	2	2	2	1	2	1	1
Phoenix	15	25	42	39	36	40	22	17
St. Louis	1	1	2	3	2	3	3	4
San Diego	41	41	40	30	29	41	30	24
San Francisco	46	65	82	72	60	64	39	34
Seattle	6	10	16	14	10	25	14	18
Washington, DC	0	1	1	1	0	...	0	1
National Panel	2	3	7	7	4	7	5	4

... Estimate does not meet standard of precision.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 43 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by half year: Second half 1994 - first half 2000

TOTAL ED VISITS**

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.	**19,566**	**18,975**	**19,085**	**19,323**	**19,432**	**18,691**	**19,020**	**18,460**	**18,792**	**18,716**	**18,745**	**18,742**
Atlanta	22,258	20,523	21,915	21,028	20,769	18,710	19,595	18,638	18,914	18,211	18,780	18,419
Baltimore	18,756	18,530	18,835	18,999	19,153	18,966	19,134	20,035	20,128	20,968	20,452	20,391
Boston	24,226	22,348	22,423	23,143	24,265	21,517	21,412	20,905	21,224	20,125	20,565	20,375
Buffalo	18,284	16,356	16,421	15,715	16,002	14,096	14,498	13,460	15,166	14,922	15,102	14,482
Chicago	19,127	19,247	19,664	19,081	19,189	18,447	19,298	17,863	18,499	18,256	18,813	18,259
Dallas	17,757	17,608	18,014	17,478	17,455	18,636	18,080	18,994	18,483	18,409	18,353	18,554
Denver	14,881	14,951	15,476	14,967	13,962	13,875	14,241	13,479	13,518	15,678	17,074	15,582
Detroit	17,404	18,264	18,402	17,928	18,884	17,320	17,006	16,997	17,209	17,258	17,073	16,627
Los Angeles - Long Beach	14,939	13,619	13,654	14,243	13,931	12,791	13,888	12,138	13,174	13,296	13,723	13,312
Miami - Hialeah	16,541	16,955	17,034	17,221	16,909	17,590	18,056	18,745	18,181	18,454	18,365	18,374
Minneapolis - St. Paul	12,642	14,671	15,058	14,939	14,827	14,347	14,783	13,963	13,955	14,309	15,094	14,753
New Orleans	24,719	24,773	24,708	25,349	25,960	24,074	24,405	24,108	22,719	24,623	23,582	24,096
New York	21,332	19,800	19,668	22,413	21,854	21,014	20,450	20,025	21,416	20,198	20,294	19,827
Newark	20,173	20,059	20,387	18,969	19,776	18,136	18,394	18,942	19,794	19,960	19,640	19,824
Philadelphia	17,930	18,133	18,060	17,791	17,994	17,280	17,697	17,481	18,201	17,662	18,084	17,519
Phoenix	16,448	17,664	17,765	19,294	17,314	17,270	16,889	18,253	16,852	18,667	18,456	19,474
St. Louis	20,020	19,187	18,614	19,184	18,668	17,433	18,342	17,774	16,653	18,452	18,009	17,907
San Diego	11,115	10,534	11,210	12,488	12,110	12,362	12,445	12,516	13,089	13,194	14,094	13,566
San Francisco	18,991	15,482	15,730	16,199	15,531	15,182	15,220	16,108	16,094	17,057	17,602	17,413
Seattle	18,855	14,984	15,578	16,465	15,329	14,919	15,656	14,527	14,062	14,470	14,559	14,137
Washington, DC	16,508	15,743	15,980	14,326	14,741	14,179	14,237	14,459	14,566	14,594	14,576	14,572
National Panel	20,077	19,514	19,591	19,800	19,984	19,287	19,637	19,025	19,340	19,231	19,187	19,297

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 44 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by year: 1992-1999

TOTAL ED VISITS**

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.	**37,945**	**38,275**	**38,924**	**38,060**	**38,756**	**37,713**	**37,253**	**37,462**
Atlanta	40,371	41,852	42,862	42,441	41,796	38,307	37,552	36,992
Baltimore	36,178	37,448	37,184	37,365	38,153	38,101	40,163	41,419
Boston	50,120	49,521	47,395	44,772	47,412	42,929	42,130	40,690
Buffalo	38,800	36,905	35,759	32,776	31,718	28,595	28,630	30,024
Chicago	39,567	36,707	38,034	38,911	38,270	37,747	36,363	37,071
Dallas	32,761	34,123	35,251	35,623	34,933	36,715	37,476	36,761
Denver	31,604	32,356	29,703	30,429	28,926	28,117	26,998	32,755
Detroit	37,550	38,616	35,153	36,666	36,815	34,325	34,207	34,331
Los Angeles - Long Beach	28,649	29,890	29,223	27,273	28,173	26,682	25,315	27,020
Miami - Hialeah	31,704	31,715	33,521	33,990	34,129	35,648	36,924	36,819
Minneapolis - St. Paul	27,799	27,854	24,673	29,731	29,766	29,131	27,917	29,405
New Orleans	46,057	46,757	49,165	49,481	51,311	48,480	46,823	48,202
New York	40,988	40,263	41,871	39,468	44,265	41,462	41,445	40,492
Newark	36,586	39,264	39,533	40,447	38,747	36,530	38,739	39,599
Philadelphia	40,960	38,868	35,715	36,193	35,786	34,979	35,685	35,747
Phoenix	32,707	33,100	32,940	35,430	36,602	34,158	35,101	37,123
St. Louis	35,247	39,501	40,288	37,800	37,850	35,778	34,424	36,460
San Diego	27,112	27,002	22,629	21,745	24,597	24,807	25,607	27,290
San Francisco	36,134	38,788	37,846	31,213	31,728	30,402	32,202	34,661
Seattle	35,950	37,969	38,051	30,563	31,790	30,577	28,588	29,030
Washington, DC	29,042	31,673	32,555	31,723	29,068	28,416	29,025	29,170
National Panel	38,627	38,943	40,014	39,105	39,784	38,926	38,366	38,418

** DAWN estimates of emergency department (ED) visits (in 1,000s) should be close to but will not necessarily equal totals from previous year's American Hospital Association (AHA) Annual Survey.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 45 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: Second half 1994 - first half 2000

DRUG EPISODES

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.*	**115**	**117**	**104**	**107**	**111**	**112**	**110**	**113**	**112**	**115**	**113**	**119**
AGE												
6-34	154	153	134	139	142	144	140	143	136	138	134	146
12-17	133	148	127	150	136	147	125	142	116	126	103	140
18-25	208	196	179	174	184	192	189	184	189	192	196	208
26-34	218	217	186	194	202	198	202	206	200	196	197	200
35+	80	85	78	80	85	84	84	89	92	96	97	98
GENDER												
Male	123	121	107	109	118	119	116	122	120	124	125	126
Female	105	110	99	104	103	103	102	103	103	104	101	109

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 46 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: 1992-1999

DRUG EPISODES

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.* ..... **	**191**	**201**	**225**	**221**	**219**	**222**	**225**	**228**
AGE								
6-34.....	256	266	300	287	281	284	279	272
12-17.....	228	238	280	275	286	272	258	229
18-25.....	345	356	402	375	358	381	372	388
26-34.....	353	371	416	403	396	400	406	393
35+.....	131	142	156	162	165	168	181	193
GENDER								
Male.....	201	209	237	228	227	235	242	249
Female.....	179	190	210	210	207	205	206	205

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 47 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: Second half 1994 - first half 2000

DRUG MENTIONS

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.***.....	**200**	**203**	**184**	**189**	**197**	**200**	**197**	**205**	**203**	**210**	**207**	**219**
AGE												
6-34.....	261	261	232	239	247	251	248	253	243	248	242	262
12-17.....	203	230	192	225	207	233	203	227	190	199	163	229
18-25.....	353	334	311	296	327	337	339	331	333	347	355	373
26-34.....	385	385	341	356	370	359	369	379	371	370	372	376
35+.....	145	152	142	146	154	155	154	165	170	180	179	184
GENDER												
Male.....	215	214	190	194	212	213	210	223	220	228	229	231
Female.....	182	189	174	180	179	184	182	184	185	191	183	202

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 48 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: 1992-1999

DRUG MENTIONS

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**332**	**348**	**391**	**387**	**386**	**397**	**408**	**418**
AGE								
6-34	439	454	513	493	486	500	495	489
12-17	356	367	433	422	432	436	416	361
18-25	598	606	685	645	623	676	664	702
26-34	622	659	740	727	726	728	749	742
35+	232	250	279	294	299	309	335	359
GENDER								
Male	350	361	416	405	407	423	443	457
Female	309	329	360	364	358	366	369	374

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 49 - Estimated rate of emergency department cocaine mentions, per 100,000 population by age, gender: Second half 1994 - first half 2000

COCAINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.***.....	**32**	**32**	**27**	**31**	**34**	**33**	**35**	**36**	**36**	**33**	**37**	**33**
AGE												
6-34.....	43	40	32	37	40	39	41	41	40	37	39	35
12-17.....	4	5	4	6	6	9	7	10	9	6	8	10
18-25.....	49	42	34	37	43	45	47	43	45	42	48	42
26-34.....	87	85	69	80	87	80	85	88	86	79	83	73
35+.....	23	24	22	25	29	28	29	31	32	30	34	32
GENDER												
Male.....	45	43	37	41	48	45	47	48	49	44	49	44
Female.....	19	20	17	20	21	21	22	24	23	22	24	22

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 50 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: 1992-1999

COCAINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**53**	**54**	**62**	**58**	**65**	**68**	**72**	**69**
AGE								
6-34	72	71	81	72	77	80	81	76
12-17	8	8	10	9	12	16	19	14
18-25	86	80	91	76	80	92	88	90
26-34	139	141	166	154	167	165	173	162
35+	35	39	44	46	54	57	63	64
GENDER								
Male	74	75	87	80	89	92	97	93
Female	33	34	38	37	41	44	47	46

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 51 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: Second half 1994 - first half 2000

HEROIN/MORPHINE

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.* **	**15**	**15**	**15**	**15**	**16**	**15**	**15**	**16**	**16**	**16**	**19**	**19**
AGE												
6-34	15	15	15	14	15	15	15	16	16	16	18	19
12-17	1	1	1	1	2	2	4	2	2	2	1	...
18-25	16	15	16	16	18	18	18	20	22	26	27	29
26-34	32	33	31	30	32	30	30	33	30	27	34	36
35+	14	16	16	16	17	15	16	16	17	16	20	19
GENDER												
Male	21	22	22	21	23	21	21	23	23	22	26	27
Female	9	9	9	9	10	9	10	10	10	10	12	12

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 52 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: 1992-1999

HEROIN/MORPHINE

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**21**	**28**	**28**	**30**	**31**	**30**	**32**	**35**
AGE								
6-34	21	27	28	30	30	30	31	33
12-17	1	1	2	2	3	6	4	3
18-25	21	29	30	31	34	36	41	54
26-34	43	57	60	64	63	59	63	61
35+	22	28	27	31	33	31	33	36
GENDER								
Male	32	40	40	44	44	42	45	48
Female	11	15	16	17	19	19	20	22

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 53 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: Second half 1994 - first half 2000

MARIJUANA/HASHISH

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.***.....	**9**	**11**	**9**	**11**	**12**	**14**	**14**	**16**	**16**	**18**	**18**	**19**
AGE												
6-34.....	16	17	15	18	21	22	22	26	26	29	28	31
12-17.....	15	18	18	20	25	26	23	32	25	31	25	32
18-25.....	27	28	26	26	31	36	34	39	43	48	49	53
26-34.....	17	19	16	21	23	22	27	28	30	32	32	32
35+.....	3	4	4	5	5	7	6	8	8	9	10	10
GENDER												
Male.....	13	15	13	15	18	19	19	22	22	24	25	26
Female.....	5	6	5	7	7	8	9	10	10	12	11	13

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 54 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: 1992-1999

MARIJUANA/HASHISH

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**11**	**13**	**18**	**20**	**23**	**27**	**32**	**36**
AGE								
6-34	18	21	29	33	38	44	52	57
12-17	15	20	30	36	45	49	57	55
18-25	30	35	50	54	57	71	83	97
26-34	21	25	32	35	44	49	58	64
35+	4	5	7	8	10	13	16	19
GENDER								
Male	16	18	25	28	32	38	44	49
Female	6	7	10	11	14	17	20	23

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 55 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: Second half 1994 - first half 2000

METHAMPHETAMINE/SPEED

	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000 *
TOTAL U.S.*	**4**	**4**	**3**	**2**	**3**	**4**	**4**	**3**	**2**	**2**	**2**	**3**
AGE												
6-34	7	7	4	3	4	5	6	4	3	3	4	5
12-17	5	5	2	1	3	...	4	4	...	1	2	3
18-25	11	10	7	6	7	8	9	7	6	6	6	7
26-34	8	9	6	4	5	8	9	6	5	5	4	7
35+	2	2	1	1	2	2	2	2	1	1	1	2
GENDER												
Male	6	6	4	2	4	5	5	4	2	2	3	4
Female	3	3	2	1	2	2	2	2	2	2	2	2

* Estimates for this time period are preliminary. Final estimates will be produced later and may be higher or lower than preliminary estimates due to nonresponse adjustment and other factors.

... Estimate does not meet standard of precision.

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).

Table 56 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: 1992-1999

METHAMPHETAMINE/SPEED

	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999
TOTAL U.S.*	**3**	**4**	**8**	**7**	**5**	**7**	**5**	**4**
AGE								
6-34	5	7	12	11	7	12	8	7
12-17	3	3	9	7	5	8	5	4
18-25	6	12	20	17	14	17	13	12
26-34	7	10	16	15	9	17	11	9
35+	1	2	4	3	3	4	2	3
GENDER								
Male	4	6	10	9	6	10	6	5
Female	2	3	5	5	3	5	4	3

*** Total includes patients whose gender or age was unknown.

NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (09/2000 update).