

OFFICE OF APPLIED STUDIES

**Mid-Year 1999 Preliminary
Emergency Department Data
from the
Drug Abuse Warning Network**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration**

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HIGHLIGHTS

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.** 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 1999, with comparisons to the first half of 1998. Long-term trends from 1991 to 1998 are provided for reference. Findings are statistically significant unless stated otherwise.

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 4 drugs can be reported for each drug abuse episode, there are more mentions than episodes cited in this report.

TOTAL DRUG-RELATED EPISODES

- In the first half of 1999, there were 254,033 drug-related ED episodes in the coterminous U.S., a 7 percent decline (from 271,903) from the first half of 1998 (Table 1 and Figure 1). ED drug mentions (462,392) were statistically unchanged.
- For illicit drugs, a comparison of the first halves of 1998 and 1999 revealed:
 - No significant changes for alcohol-in-combination, amphetamine, cocaine, heroin/morphine, marijuana/hashish, LSD, methamphetamine/speed, or PCP/PCP combinations (Table 1).
 - No significant increases in any of the major illicit drugs tracked by this report.
 - Increases in total ED episodes in 2 of the 21 metropolitan areas oversampled in DAWN – Baltimore (12%, from 6,440 to 7,237) and Phoenix (7%, from 3,754 to 4,008) – and decreases in 6 – Dallas (17%, from 3,632 to 3,000), New Orleans (17%, from 2,766 to 2,288), San Francisco (17%, from 4,596 to 3,810), Washington, DC (17%, from 5,973 to 4,974), Denver (13%, from 2,031 to 1,771), and San Diego (12%, from 3,590 to 3,143) (Table 3).
- *Dependence* (88,516 episodes) and *suicide* (81,915 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 (111,226 episodes) (Table 17).
- Total drug-related ED episodes were stable across race/ethnicity and most age subgroups, based on comparisons of the first halves of 1998 and 1999. Total episodes decreased 6 percent among females (from 127,820 to 120,770) (Table 17).

- Among adults age 26 to 34, total ED episodes decreased 14 percent (from 70,484 to 60,396) (Table 17), and mentions of heroin/morphine decreased 20 percent (from 11,166 to 8,934) (Table 23) from the first half of 1998 to the first half of 1999.
- For patients age 12 to 17, total ED episodes decreased from 32,496 to 27,134 (17%) between the first halves of 1998 and 1999 (Table 17). ED mentions were stable for cocaine (Table 21), heroin/morphine (Table 23), and marijuana/hashish (Table 25). Mentions of methamphetamine/speed decreased from 795 to 242 mentions (70%) (Table 27), but these estimates tend to be volatile and the change may not persist throughout the year. These changes follow significant increases in total episodes and mentions of illicit drugs for this age group since 1991.

COCAINE

- Cocaine continued to be the most frequently mentioned illicit drug, comprising 30% of episodes and 77,256 mentions in the first half of 1999 (Table 1).
- Cocaine mentions were relatively unchanged between the first half of 1998 (85,760 mentions) and the first half of 1999 (77,256) overall and for all age, gender, and race/ethnicity subgroups (Table 21).
- Among the metropolitan areas oversampled in DAWN, cocaine mentions increased in 2 – Baltimore (11%, from 3,167 to 3,515) and Phoenix (10%, from 749 to 826) between the first halves of 1998 and 1999. Cocaine mentions decreased in 7 – San Francisco (27%, from 912 to 665), New York (24%, from 9,989 to 7,557), Washington, DC (24%, from 1,892 to 1,436), Dallas (21%, from 1,262 to 998), Atlanta (18%, from 3,127 to 2,557), New Orleans (18%, from 1,305 to 1,069), and Chicago (10%, from 6,883 to 6,191) (Table 7).

HEROIN/MORPHINE

- Heroin/morphine was the third most frequently mentioned illicit drug, comprising 15% of ED episodes and 38,237 mentions in the first half of 1999 (Table 1).
- Heroin/morphine mentions were relatively stable between the first halves of 1998 (38,553 mentions) and 1999 (38,237) but decreased 20 percent (from 11,166 to 8,934) among patients age 26 to 34. No changes in heroin/morphine mentions occurred for other age, gender, or race/ethnicity subgroups (Table 23).
- Among the 21 metropolitan areas oversampled in DAWN, heroin/morphine mentions increased in 2 and decreased in 2. Comparing the first halves of 1998 and 1999, increases occurred in Miami (24%, from 365 to 453) and Baltimore (18%, from 3,019 to 3,551). Decreases occurred in Washington, DC (19%, from 1,057 to 853) and San Francisco (14%, from 1,340 to 1,151) (Table 9).

MARIJUANA/HASHISH

- Marijuana/hashish was the second most frequently mentioned illicit drug, comprising 15% of ED episodes and 38,976 mentions in the first half of 1999 (Table 1).

- Marijuana/hashish mentions remained stable from the first half of 1998 (37,883 mentions) to the first half of 1999 (38,976) with no significant changes by gender, age, or race/ethnicity of the patient (Table 25).
- Among the 21 metropolitan areas represented in DAWN, marijuana/hashish mentions increased in 3 – Phoenix (39%, from 385 to 535), Minneapolis (25%, from 241 to 302), and Baltimore (17%, from 708 to 826), based on comparisons of the first half of 1998 and the first half of 1999. Marijuana/hashish mentions decreased in 5 metropolitan areas – San Diego (35%, from 609 to 398), San Francisco (33%, from 206 to 139), New Orleans (25%, from 714 to 538), Dallas (18%, from 761 to 621), and Chicago (12%, from 2,607 to 2,287) (Table 11).

METHAMPHETAMINE/SPEED

- Considering the 8 metropolitan areas with the highest numbers of methamphetamine/speed mentions in the first half of 1998:
 - Comparisons of the first half of 1998 with the first half of 1999 revealed decreases in methamphetamine/speed mentions in 5 metro areas: Atlanta (66%, from 94 to 32), Dallas (52%, from 118 to 57), Phoenix (47%, from 294 to 155), San Francisco (41%, from 385 to 228), San Diego (40%, from 421 to 253) (Table 13).
 - Methamphetamine/speed mentions in the other 3 – Los Angeles, Minneapolis, and Seattle – were statistically unchanged between the first halves of 1998 and 1999.

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 34 percent (86,640) of ED drug episodes in the first half of 1999. Mentions of alcohol-in-combination remained stable from the first half of 1998 to the first half of 1999 (Table 1).
- A comparison of the first half of 1998 and the first half of 1999 revealed significant decreases in mentions of thioridazine (72%, from 733 to 206), haloperidol (55%, from 952 to 424), amitriptyline (41%, from 3,671 to 2,158), and acetaminophen (21%, from 17,384 to 13,679) (Table 1).
- No significant increases 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 1999. 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 1993 through June 1999. Final estimates for full years from 1991 through 1998 are provided for reference. The 1999 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 the periods before 1999 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.

Two related publications – the 1999 Detailed ED Tables (published exclusively on the Internet¹) and the Year-End 1999 ED report – will contain more detailed data tables and data from the second half of 1999. The 1999 estimates in the 1999 Detailed ED Tables will be considered final as the data and weights will be based on finalized episode data and ancillary information (see Section II of Appendix A, Weights and Precision of the Estimates).

The DAWN system also collects data on drug-related deaths from a nonrandom 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 that have a 24-hour emergency department in the coterminous U.S. 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

¹ DAWN reports are available on the SAMHSA website at <http://www.samhsa.gov/oas/>.

metropolitan areas and a National Panel of hospitals sampled from locations outside these areas.

In 1998, the DAWN sample consisted of 595 eligible hospitals.² Of these, 471 (79%) participated in the DAWN ED survey. The 1998 sample of hospitals submitted information on 174,516 drug abuse episodes with an average of 1.75 drug mentions per episode. For preliminary data from the first half of 1999, 504 eligible hospitals submitted information on 84,406 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.³ 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. Data for the 21 metropolitan areas are pooled with data 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 originates 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 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.

² The DAWN sample is updated annually, so 1998 is the last full year for which the sample was drawn. The sample for 1999 will be updated at the close of the 1999 data year.

³ The total conterminous U.S. consists of 48 contiguous states and the District of Columbia. Alaska and Hawaii are excluded.

A single drug abuse episode may have multiple drug mentions. Up to 4 different substances can be recorded 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.

Alcohol use is reported to DAWN **only** when consumed 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, the second half of 1998 is compared to the first half of 1999, then the first halves of 1998 and 1999 are compared. In tables presenting estimates for full years, 1998 is compared to 1997 and also to 1996. However, the purpose of this report is to release preliminary estimates for the first half of 1999. 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 1998 and 1999.

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 1992 through the first half of 1999. Even numbered tables report annual data from 1990 through 1997.

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.samhsa.gov/OAS/>. 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 1991 through 1999.

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 1998 with the first half of 1999, the discussion of findings centers around comparisons of the first halves of 1998 and 1999. 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

- In the first half of 1999, there were 254,033 drug-related ED episodes in the coterminous U.S. with 462,392 drug mentions. The number of ED episodes decreased 7 percent (from 271,903 to 254,033) between the first halves of 1998 and 1999, although the decrease in the number of mentions (from 492,116 to 462,392) was not statistically significant (Table 1 and Figure 1).
- Cocaine continued to be the most frequently mentioned illicit drug, comprising 30% of episodes and 77,256 mentions in the first half of 1999. Cocaine was followed in frequency by marijuana/hashish (15%, 38,976 mentions), heroin/morphine (15%, 38,237 mentions), amphetamine (2%, 5,526), and methamphetamine/speed (2%, 4,720 mentions) (Table 1).
- Alcohol-in-combination was mentioned in 34 percent (86,640) of ED drug episodes in the first half of 1999 (Table 1). Note that alcohol is reported to DAWN only when present in combination with another reportable drug.

CHANGES FROM 1998 TO 1999

- A comparison of the first halves of 1998 and 1999 revealed:
 - No significant changes for alcohol-in-combination, amphetamine, cocaine, heroin/morphine, marijuana/hashish, LSD, methamphetamine/speed, or PCP/PCP combinations (Table 1);
 - Decreases only among the following OTC/prescription drugs: thioridazine (72%), haloperidol (55%), amitriptyline (41%), and acetaminophen (21%); and
 - No significant increases in any of the drugs listed in these tables.

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

- Total drug-related ED episodes were stable across race/ethnicity subgroups but decreased 6 percent among females (from 127,820 to 120,770), based on comparisons of the first halves of 1998 and 1999 (Table 17).
- For patients age 26 to 34, total drug-related ED episodes decreased 14 percent (from 70,484 to 60,396), from the first half of 1998 and to the first half of 1999 (Table 17).

- Comparing the first halves of 1998 and 1999, total drug-related ED episodes for the 12 to 17 age group decreased 17 percent (from 32,496 to 27,134, Table 17) and mentions of cocaine, heroin/morphine, and marijuana/hashish were statistically unchanged (Tables 21, 23, and 25). Mentions of methamphetamine/speed decreased 70 percent (from 795 to 242, Table 27), but estimates for this particular drug tend to be volatile and the change may not persist throughout the year.

EPIISODE CHARACTERISTICS

- Motives for taking substances
 - In drug-related ED episodes during the first half of 1999, *dependence* (88,516 episodes) and *suicide* (81,915 episodes) were the most frequently cited motives for taking substances (Table 17).
 - Between the first halves of 1998 and 1999, drug-related ED episodes involving suicide decreased 17 percent from 98,216 to 81,915 (Table 17).
 - Twenty-one percent (54,216) of episodes had other or unknown motives during the first half of 1999 (Table 17). This was statistically unchanged from the first half of 1998.
- Reasons for ED contact
 - *Overdose* was the most frequently cited reason for the drug-related ED contacts (111,226 episodes) in the first half of 1999 (Table 17).
 - Between the first halves of 1998 and 1999, episodes citing *overdose* as the reason for the visit decreased 13 percent (from 127,490 to 111,226) (Table 17).
 - Seventeen percent (42,094) of ED episodes had other or unknown reasons for the ED visit during the first half of 1999 (Table 17). This was statistically unchanged from the first half of 1998.

Figure 1
**Number of total drug-related episodes,
 cocaine mentions, and heroin/morphine mentions:
 January-June 1990 through January-June 1999**

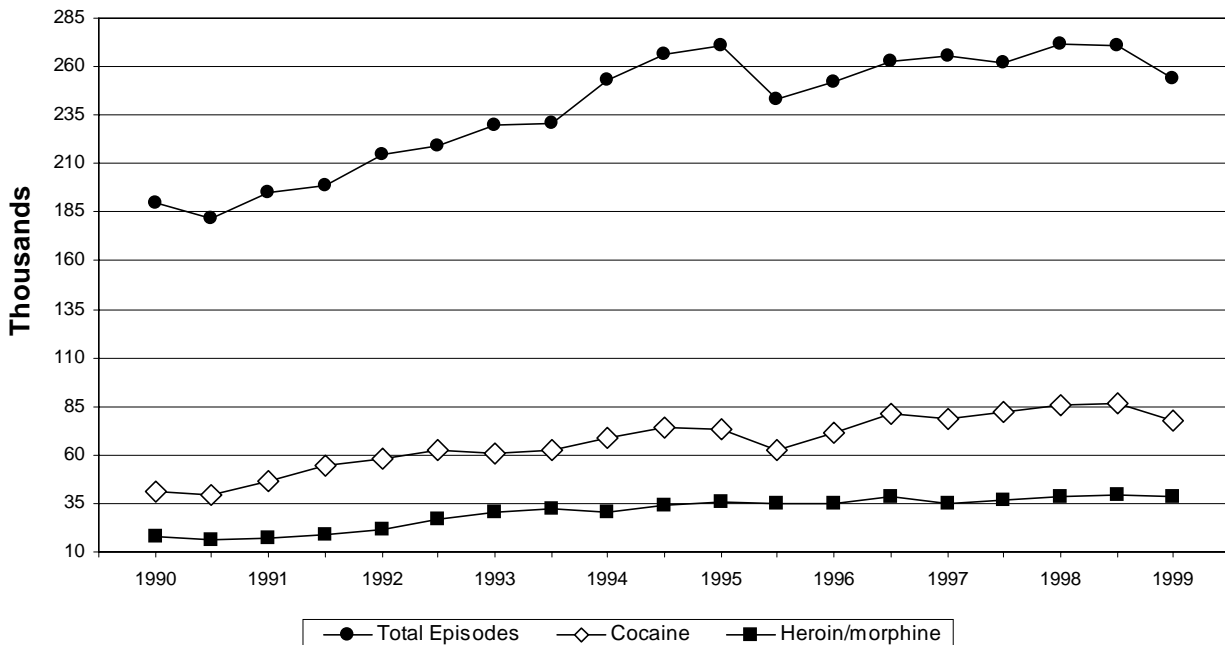
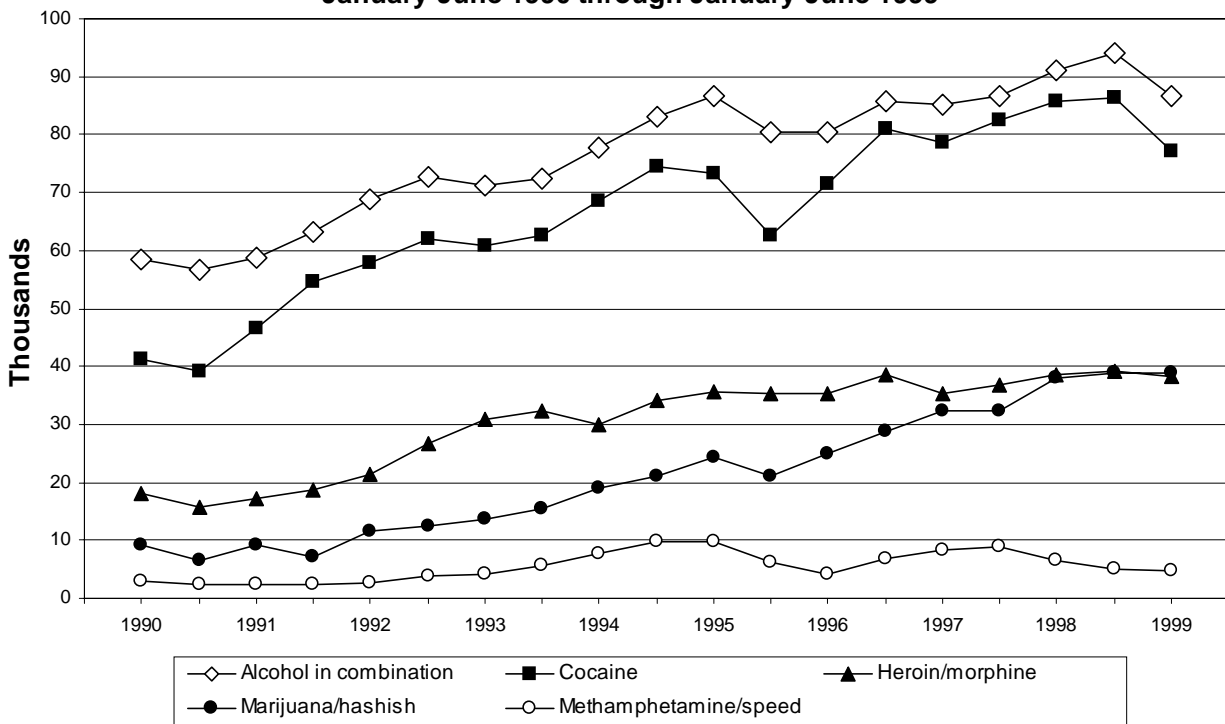


Figure 2
**Number of drug-related mentions by selected drugs:
 January-June 1990 through January-June 1999**



SEMI-ANNUAL TRENDS IN COCAINE MENTIONS

This section presents semi-annual estimates of the number of cocaine mentions in drug-related ED episodes. Cocaine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more 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 have risen steadily from 101,189 in 1991 to 172,014 in 1998 (Table 22), remained relatively stable from the first half of 1998 (85,760) to the first half of 1999 (77,256) (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 1998 and 1999 (Table 21).
- Within the 21 metropolitan areas oversampled in DAWN, cocaine mentions decreased 12 percent inside the central cities from 41,346 in first half of 1998 to 36,231 during the first half of 1999 (Table 21).
- *Dependence* was the most commonly reported motive for drug use (59%, 45,850 mentions) during the first half of 1999. *Suicide* was the least commonly reported motive (8%) during the first half of 1999 and showed a 23 percent decrease since the first half of 1998 (from 7,869 to 6,092) (Table 21).
- Among the reasons for ED contact, *chronic effects*, which comprises only 14 percent of cocaine mentions, decreased 13 percent (from 12,930 to 11,185) between the first halves of 1998 and 1999 (Table 21). However, reasons for the contact were unspecified or unknown in 21 percent of episodes (16,458) in the first half of 1999.

Figure 3
Number of cocaine mentions by age:
January-June 1990 through January-June 1999

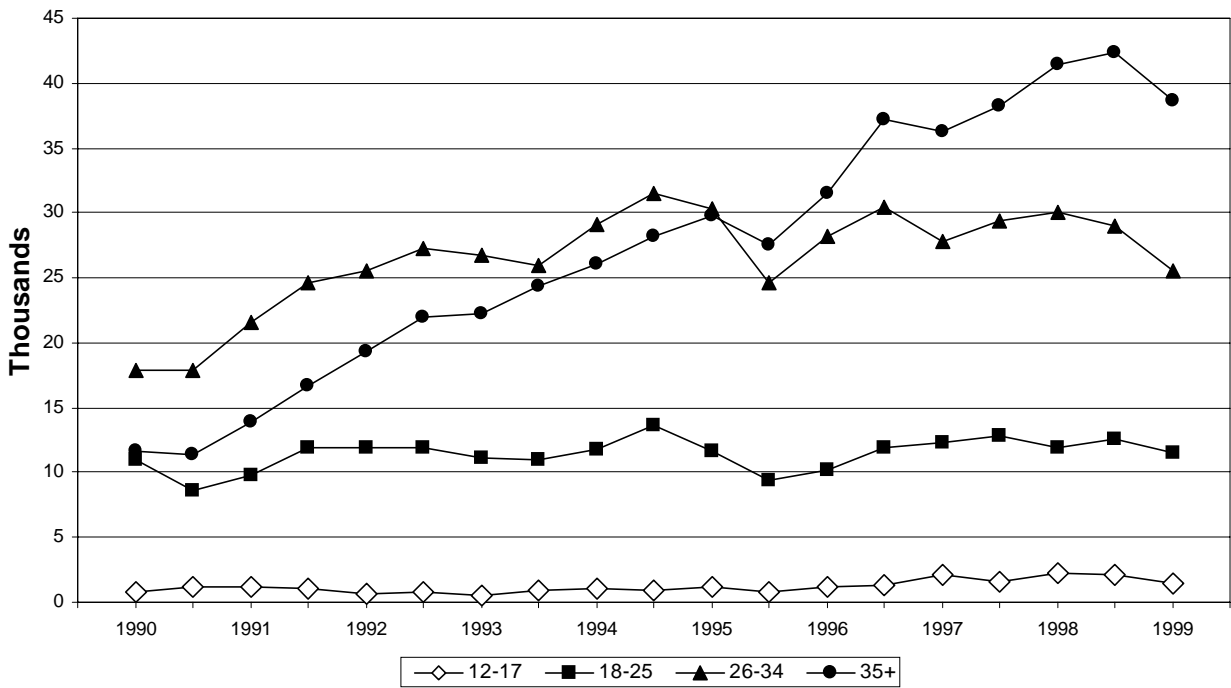
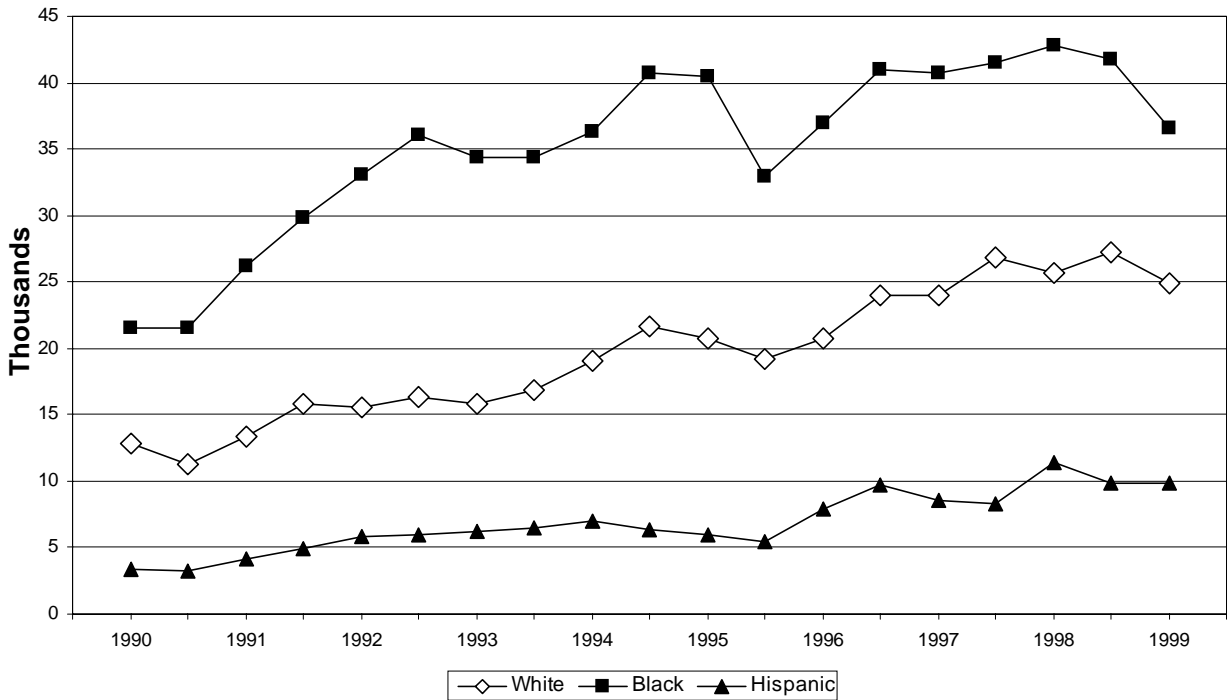


Figure 4
Number of cocaine mentions by race/ethnicity:
January-June 1990 through January-June 1999



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. Heroin/morphine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of one or more 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 were statistically unchanged from the first half of 1998 (38,553 mentions) to the first half of 1999 (38,237) (Table 23).
- Heroin/morphine mentions for adults age 26 to 34 decreased 20 percent (from 11,166 to 8,934) from the first half of 1998 to the first half of 1999 (Table 23). No other age groups had significant changes for this time period.
- No significant changes in heroin/morphine mentions were evident based on gender or race/ethnicity between the first halves of 1998 and 1999 (Table 23).
- *Suicide*, the least commonly reported motive associated with heroin/morphine mentions (4%) during the first half of 1999, decreased 25 percent (from 1,846 to 1,381) since the first half of 1998 (Table 23).
- *Chronic effects* as the reason for ED contact decreased 12 percent (from 7,884 to 6,947 mentions) between the first half of 1998 and the first half of 1999 among heroin/morphine-related ED episodes (Table 23). *Seeking detox* was the most frequently reported reason for ED visits (32%) involving heroin/morphine in the first half of 1999.

Figure 5
Number of heroin/morphine mentions by age:
January-June 1990 through January-June 1999

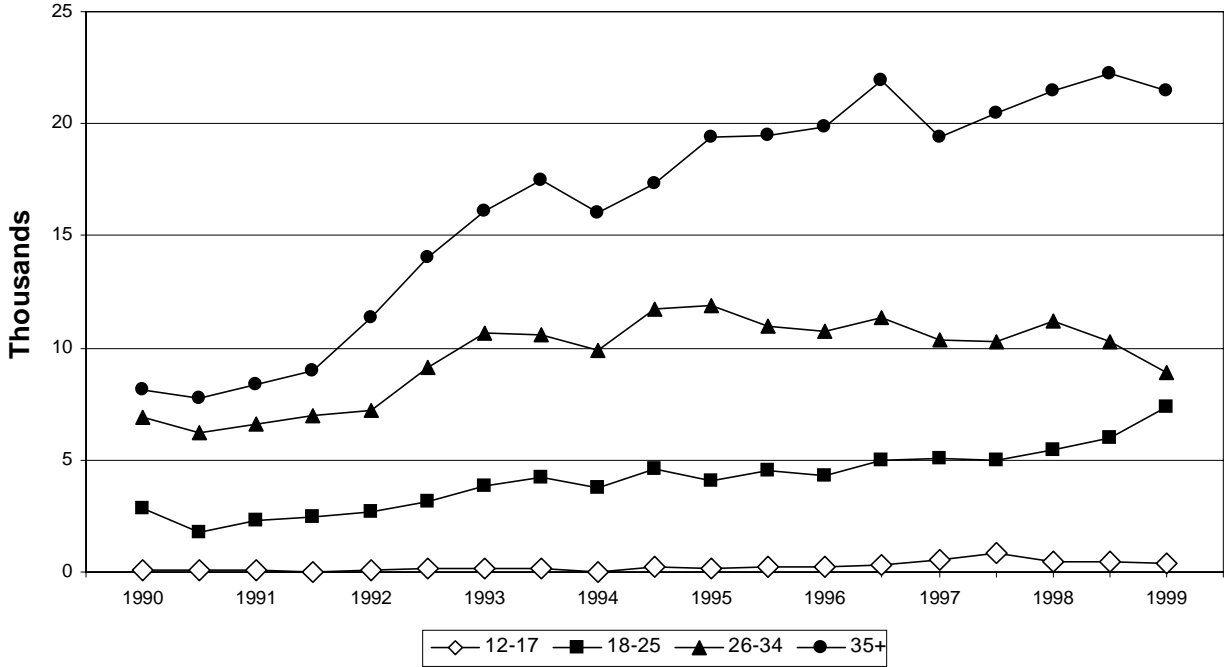
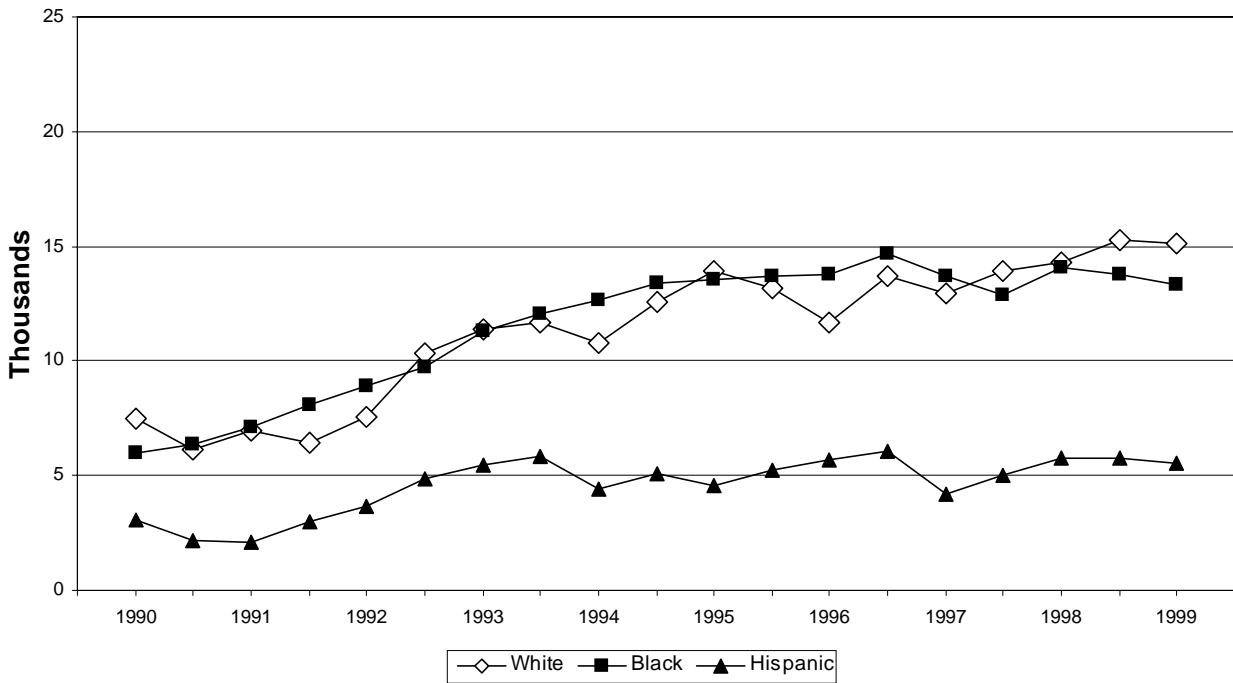


Figure 6
Number of heroin/morphine mentions by race/ethnicity:
January-June 1990 through January-June 1999



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 38,976 marijuana/hashish mentions during the first half of 1999, which was statistically unchanged since the first half of 1998 (37,883 mentions) (Table 25).
- There were no significant changes in marijuana/hashish mentions by age, gender, race/ethnicity, facility location, motive for drug use, or reason for ED visit between the first halves of 1998 and 1999 (Table 25).
- This follows significant increases from 1997 to 1998 among most age groups (only excluding those age 12 to 17), both genders, and patients who were black. ED marijuana/hashish mentions involving patients age 12 to 17 increased 32 percent from 9,982 in 1996 to 13,135 in 1998 (Table 26). For the same period, marijuana/hashish mentions increased 57 percent (from 24,505 to 31,900) among patients who were white.

Figure 7
Number of marijuana/hashish mentions by age:
January-June 1990 through January-June 1999

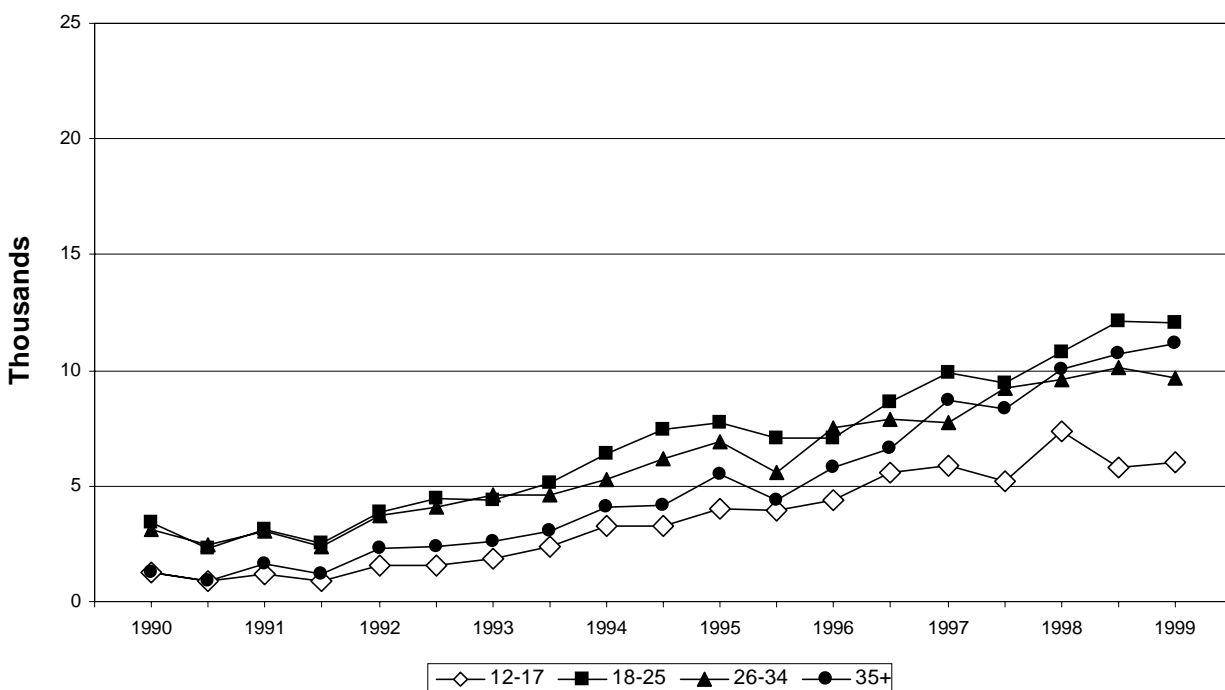
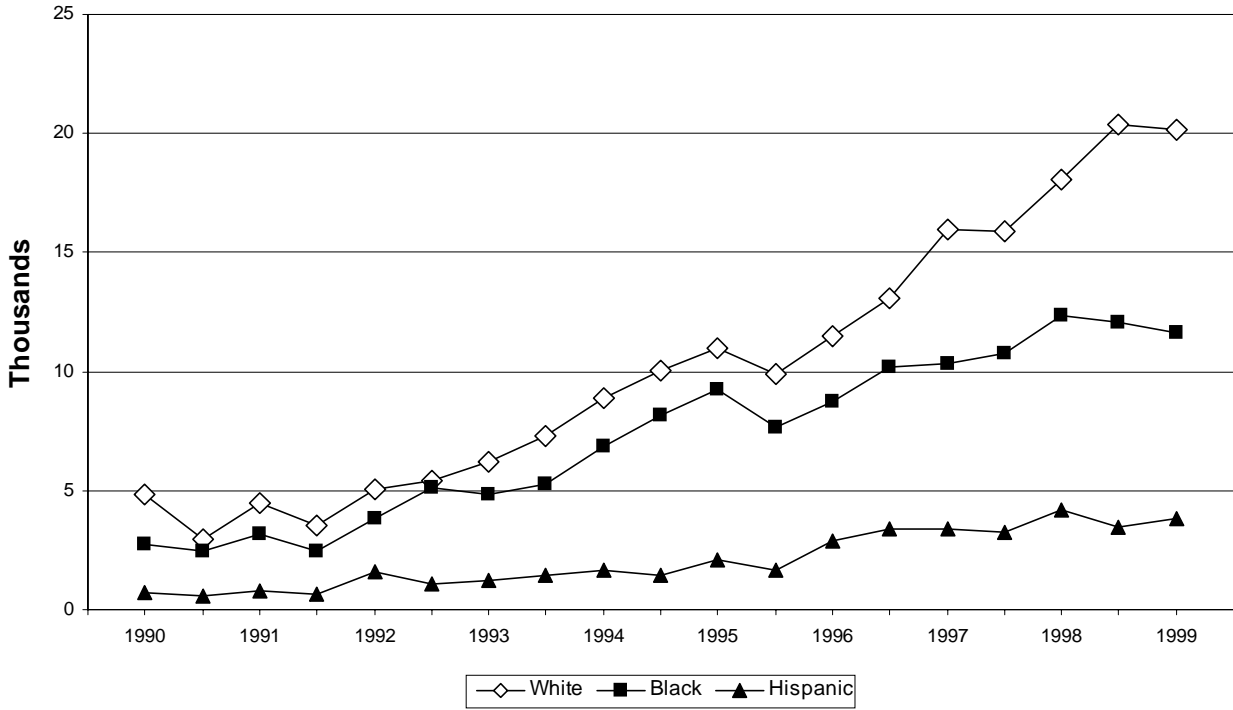


Figure 8
Number of marijuana/hashish mentions by race/ethnicity:
January-June 1990 through January-June 1999



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. Figure 9 shows the long-term trends in amphetamine, LSD, methamphetamine/speed, and PCP/PCP combinations.

METHAMPHETAMINE/SPEED

- In the first half of 1999, the 4,720 mentions of methamphetamine/speed constituted 2 percent of all drug-related episodes (Table 1). This number was not significantly different than the 6,534 mentions for the first half of 1998 (Table 27).
- Between the first half of 1998 and the first half of 1999, methamphetamine/speed mentions decreased 70 percent among youth age 12 to 17 (from 795 to 242 mentions) and 37 percent among patients who were white (from 4,983 to 3,158, Table 27). However, it is important to remember that national estimates of methamphetamine mentions tend to fluctuate substantially from year to year. No statistically significant changes were evident for other age, race/ethnicity, or gender subgroups between the first halves of 1998 and 1999 (Table 27).

AMPHETAMINE

- The estimated number of amphetamine mentions did not change significantly from 5,321 mentions in the first half of 1998 to 5,526 mentions in the first half of 1999. From the first half of 1990 to the second half of 1996, the pattern of amphetamine mentions mirrored that of methamphetamine/speed. Since the second half of 1996, the number of amphetamine mentions has stabilized (Table 1).

PCP/PCP COMBINATIONS

- In the first half of 1999, there were 2,103 ED mentions of PCP/PCP combinations, which was similar to the number of mentions (2,143) observed for the first half of 1998 (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 1999, there were 2,364 ED mentions of LSD, similar to that observed for the first half of 1998 (1,767 mentions). Considering only the first halves of the years, the number of LSD mentions has fluctuated between lows in 1994 and 1998 of 1,981 and 1,767 mentions, respectively, to a high of 3,677 mentions in 1997 (Table 1).

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

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 34 percent (86,640) of ED drug episodes in the first half of 1999. Mentions of alcohol-in-combination have remained stable between the first half of 1998 and the first half of 1999 (Table 1). This follows a steady increase in mentions from 121,835 in 1991 to 185,002 in 1998 (Table 2).
- A comparison of the first half of 1998 and the first half of 1999 revealed (Table 1):
 - Decreases in thioridazine (72%, from 733 to 206 mentions), haloperidol (55%, from 952 to 424), amitriptyline (41%, from 3,671 to 2,158), and acetaminophen (21%, from 17,384 to 13,679); and
 - No other significant changes in OTC drug mentions.

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

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 decreased 7 percent (from 271,903 to 254,033) (Table 3), although drug mentions remained stable from the first half of 1998 to the first half of 1999. Significant increases in drug episodes were found in 2 metropolitan areas oversampled in DAWN – Baltimore (12%, from 6,440 to 7,237) and Phoenix (7%, from 3,754 to 4,008). However, significant decreases were found in 6 metropolitan areas – Dallas (17%, 3,632 to 3,000), New Orleans (17%, 2,766 to 2,288), San Francisco (17%, 4,596 to 3,810), Washington, DC (17%, 5,973 to 4,974), Denver (13%, 2,031 to 1,771), and San Diego (12%, 3,590 to 3,143) (Table 3).

COCAINE

- From the first half of 1998 to the first half of 1999, cocaine mentions remained relatively stable nationwide (from 85,760 to 77,256). Cocaine mentions increased in Baltimore (11%, from 3,167 to 3,515) and Phoenix (10%, from 749 to 826) (Table 7).
- Decreases in cocaine mentions occurred between the first halves of 1998 and 1999 in 7 of the DAWN metropolitan areas – San Francisco (27%, 912 to 665), New York (24%, 9,989 to 7,557), Washington, DC (24%, 1,892 to 1,436), Dallas (21%, 1,262 to 998), Atlanta (18%, 3,127 to 2,557), New Orleans (18%, 1,305 to 1,069), and Chicago (10%, 6,883 to 6,191) (Table 7).

HEROIN/MORPHINE

- DAWN data showed no significant change in heroin/morphine mentions nationwide between the first halves of 1998 and 1999 (from 38,553 to 38,237). For the metropolitan areas oversampled in DAWN, heroin/morphine mentions increased in Miami (24%, from 365 to 453) and Baltimore (18%, from 3,019 to 3,551) (Table 9).
- Between the first half of 1998 and the first half of 1999, decreases in heroin/morphine mentions were found in Washington, DC (19%, from 1,057 to 853) and San Francisco (14%, from 1,340 to 1,151) (Table 9).

OTHER ILLICIT DRUGS

- Marijuana/hashish mentions remained stable nationwide between the first half of 1998 and the first half of 1999 (from 37,883 to 38,976). Marijuana/hashish mentions increased in Phoenix (39%, from 385 to 535), Minneapolis (25%, from 241 to 302), and

Baltimore (17%, from 708 to 826). Decreases were found in 5 metropolitan areas – San Diego (35%, 609 to 398), San Francisco (33%, 206 to 139), New Orleans (25%, 714 to 538), Dallas (18%, 761 to 621), and Chicago (12%, 2,607 to 2,287) (Table 11).

- Methamphetamine/speed mentions were relatively stable nationwide between the first halves of 1998 and 1999 (from 6,534 to 4,720). Among the 8 metropolitan areas with the highest numbers of methamphetamine/speed mentions in 1998, significant decreases were found in 5: Atlanta (66%, 94 to 32), Dallas (52%, 118 to 57), Phoenix (47%, 294 to 155), San Francisco (41%, 385 to 228), and San Diego (40%, 421 to 253) (Table 13). Methamphetamine/speed mentions in the other 3 – Los Angeles, Minneapolis, and Seattle – were statistically unchanged between the first halves of 1998 and 1999.

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 1999, ED visits involving drug mentions occurred at the rate of 105 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 18,861 per 100,000 population during the first half of 1999 (Table 43).

During the first half of 1999, the 6 cities included in DAWN with the lowest rate of ED episodes per 100,000 population were Minneapolis (98), Los Angeles (104), Denver (112), Dallas (122), St. Louis (124), and Washington, DC (129). The rate for the first half of 1999 for the National Panel was 79 episodes per 100,000 population (Table 31).

During the first half of 1999, the highest rates of ED drug episodes and mentions per 100,000 population occurred for:

- Alcohol-in-combination (36), cocaine (32), marijuana/hashish (16), and heroin/morphine (16) (Table 29).
- Total drug episodes in Baltimore (310), Philadelphia (258), San Francisco (237), Newark (224), and Chicago (211) (Table 31).
- Cocaine in Baltimore (150) and Philadelphia (130) (Table 35).
- Heroin/morphine in Baltimore (152) and Newark (124) (Table 37).
- Marijuana/hashish in Philadelphia (59) and Detroit (53) (Table 39).
- Methamphetamine/speed in the western U.S.: San Francisco (14), San Diego (11), Seattle (8), Phoenix (8), and Los Angeles (4) (Table 41).
- Males for total drug abuse episodes (112, Table 45) and mentions (204, Table 47), cocaine (42, Table 49), heroin/morphine (22, Table 51), and marijuana/hashish (22, Table 53).

- Adults age 26 to 34 for cocaine (76) (Table 49).
- Young adults age 18 to 25 for marijuana/hashish (43) (Table 53).
- Adults age 26 to 34 and young adults age 18 to 25 for total drug episodes (180 and 175, respectively, Table 45), total drug mentions (337 and 315, Table 47), heroin/morphine (27 and 26, Table 51) and methamphetamine/speed (5 and 6, Table 55).

DISCUSSION OF RESULTS

This report presents preliminary estimates from the DAWN ED component for the period from January to June 1999. 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 were relatively unremarkable, revealing few changes between the first half of 1998 and the first half of 1999. These estimates suggest that total drug-related ED episodes, but not drug mentions, decreased from the first half of 1998 to the first half of 1999 despite a pattern of relative stability observed for full years from 1994 through 1998 (Figure 1). In addition, ED mentions of the major illicit drugs – cocaine, heroin/morphine, marijuana/hashish, amphetamine, and methamphetamine/speed – were statistically unchanged between the first halves of 1998 and 1999 (Figure 2). Similarly, mentions of most prescription and OTC drug mentions reported to DAWN remained stable between the first halves of 1998 and 1999, with no increases and few decreases.

No significant changes in cocaine or marijuana/hashish mentions were evident for any of the age, gender, or race/ethnicity subgroups. For heroin/morphine mentions, this picture of stability differed only for adults age 26 to 34 who posted a 20 percent decrease in heroin/morphine mentions.

Across the 21 metropolitan areas oversampled in DAWN, decreases in cocaine mentions (7 metro areas), heroin/morphine mentions (2 metro areas), and marijuana/hashish mentions (5 metro areas) were more common than increases, based on comparisons of the first halves of 1998 and 1999. Cocaine mentions increased only in Baltimore and Phoenix, heroin/morphine mentions increased only in Baltimore and Miami, and marijuana/hashish mentions increased only in Baltimore, Phoenix, and Minneapolis. Although Baltimore has ranked first among the DAWN metropolitan areas in the rates of cocaine and heroin/morphine mentions since 1992, it has not typically shown a rising trend, so this will bear watching.

Methamphetamine/speed mentions decreased significantly for 2 demographic subpopulations – patients who were white (37%) and youth age 12 to 17 (70%). Methamphetamine/speed estimates have been shown to be particularly volatile, especially at the national level, so these changes may not be robust or particularly meaningful. Figure 9 illustrates the extent to which methamphetamine/speed (and other relatively low-frequency illicit drugs such as amphetamine, LSD, and PCP/PCP combinations) have displayed unstable long-term trends. Among the 8 metropolitan areas with the highest numbers of methamphetamine/

speed mentions in 1998, significant decreases were found in 5 and mentions in the other 3 were statistically unchanged between the first halves of 1998 and 1999.

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 1998 to the first half of 1999, the period covered by this report, the number of drug-related ED visits decreased while total ED visits increased a modest 3 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.

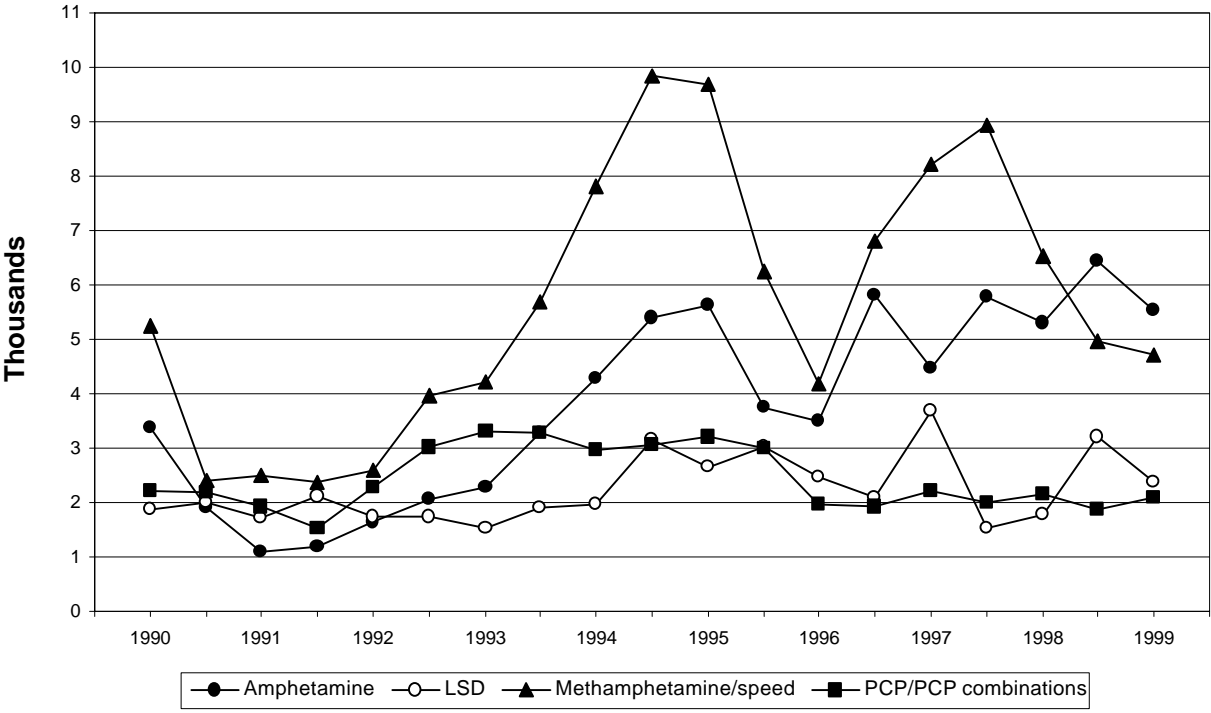
Changes in the number of drug-related emergencies may also be due to changes in the use of drug combinations; patterns of drug use, such as route of administration; amount of drug used per administration; drug purity; or drug price. For example, a decrease in the purity of cocaine or heroin/morphine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

Estimates of drug-related ED episodes could increase or decrease over time for reasons unrelated to the size of the drug using population, such as factors that affect reporting patterns. For example, some 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).

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 1998 and 1999. There is no guarantee that statistically significant differences observed between 2 half-years will remain once the data for 1999 are complete and estimates for the full year are produced.

Figure 9
Number of amphetamine, LSD, methamphetamine/speed,
and PCP/PCP combinations mentions:
January-June 1990 through January-June 1999



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 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

$$\text{RSE} = \text{SE}/\text{Estimate}$$

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

$$CI = \text{Estimate} \pm 1.96 \times RSE \times \text{Estimate}$$

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:

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

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:

$$\text{var}(x - y) = \text{var}(x) + \text{var}(y) - 2\text{cov}(x,y)$$

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 <i>Drug Abuse Warning Network Sample Design and Estimation Procedures: Technical Report</i> , 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 1993 - first half 1999

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
DRUG EPISODES	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	254,033	0.094	0.031 -
DRUG MENTIONS	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	462,392	0.145	0.061
Alcohol-in-combination.....	72,347	77,606	83,138	86,587	80,338	80,400	85,785	85,230	86,751	91,067	93,936	86,640	0.171	0.374
Cocaine.....	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	77,256	0.052	0.122
Heroin/morphine.....	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,237	0.651	0.914
Acetaminophen.....	15,052	21,450	17,225	18,850	17,713	20,214	18,051	18,428	17,020	17,384	14,873	13,679	0.140	0.000 -
Aspirin.....	8,834	9,968	9,390	8,601	8,128	8,569	7,285	7,555	7,068	7,487	7,969	6,413	0.038 -	0.056
Ibuprofen.....	8,464	9,778	9,253	10,590	10,660	8,593	8,386	8,474	8,595	8,769	8,376	7,467	0.125	0.101
Alprazolam.....	8,726	8,054	9,129	9,059	8,023	8,795	7,860	8,686	8,782	9,049	8,783	9,443	0.496	0.694
Marijuana/hashish.....	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	38,976	0.998	0.668
Diazepam.....	5,785	5,877	7,691	7,404	6,843	6,520	7,081	6,830	6,537	5,846	6,912	5,081	0.003 -	0.142
Amitriptyline.....	5,174	6,059	5,238	4,848	4,050	5,286	3,587	4,385	4,059	3,671	3,038	2,158	0.049 -	0.001 -
Acetamin./codeine.....	3,886	3,151	3,698	3,427	3,402	2,885	2,948	3,570	3,019	2,341	2,703	1,674	0.015 -	0.066
OTC sleep aids.....	2,725	3,241	3,649	3,340	3,454	4,269	3,358	3,417	2,667	3,062	2,688	2,527	0.701	0.104
Lorazepam.....	5,436	5,718	6,530	6,072	5,184	5,411	4,623	5,505	5,313	5,636	4,836	5,150	0.690	0.491
d-Propoxyphene.....	3,830	3,971	3,507	3,654	3,361	3,527	3,252	3,411	4,203	3,934	2,951	3,545	0.188	0.543
Fluoxetine.....	4,088	4,354	4,769	4,719	4,781	5,155	4,441	5,385	5,111	5,364	4,448	5,377	0.232	0.987
Diphenhydramine.....	3,647	4,444	5,092	4,919	3,766	4,459	4,947	4,765	4,039	3,365	2,745	2,563	0.697	0.119
Methamphetamine/speed....	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,720	0.750	0.082
Oxycodone.....	1,703	2,094	1,990	1,829	1,564	1,495	1,696	2,165	2,692	2,293	2,918	2,834	0.864	0.248
PCP/PCP combinations.....	3,288	2,962	3,057	3,233	3,004	1,976	1,948	2,210	1,985	2,143	1,890	2,103	0.510	0.913
Lithium carbonate.....	2,559	2,521	3,443	3,834	2,873	2,667	2,011	2,781	2,083	1,840	1,642	1,921	0.619	0.856
Clonazepam.....	5,282	5,954	6,204	6,381	6,421	6,834	6,541	7,364	7,233	8,863	8,587	8,218	0.688	0.438
Hydantoin.....	2,037	1,807	1,469	1,997	1,579	1,544	1,391	1,420	1,014	1,408	1,568	1,079	0.203	0.310
Hydrocodone.....	3,607	4,150	4,328	4,532	4,445	5,741	4,732	5,170	5,535	5,830	6,739	5,690	0.140	0.866
LSD.....	1,901	1,981	3,169	2,651	3,029	2,474	2,095	3,677	1,542	1,767	3,215	2,364	0.163	0.148
Triazolam.....	466	570	427	407	369	458	267	179	142	350	188	286	0.425	0.724
Phenobarbital.....	1,298	1,421	1,050	1,346	1,542	1,266	1,069	1,000	830	1,220	1,325	807	0.112	0.140
Doxepin.....	1,540	1,903	2,365	1,541	1,185	1,102	1,299	1,422	669	914	623	798	0.361	0.610
Cyclobenzaprine.....	1,103	1,432	1,699	1,320	1,603	1,608	1,991	1,551	2,075	1,538	1,429	1,444	0.970	0.802
Haloperidol.....	1,445	1,322	1,751	1,536	1,183	1,256	2,055	1,146	1,160	952	1,179	424	0.007 -	0.029 -
Amphetamine.....	3,267	4,266	5,398	5,633	3,747	3,508	5,801	4,461	5,774	5,321	6,430	5,526	0.399	0.783
Trazodone.....	2,710	3,275	4,018	4,814	4,641	4,789	4,421	4,188	4,545	5,158	4,517	5,021	0.447	0.830
Carisoprodol.....	3,972	3,484	3,088	4,392	3,379	3,770	3,509	2,960	3,174	4,412	4,042	4,191	0.808	0.720
Naproxen.....	1,218	2,126	2,176	2,361	2,892	2,309	2,237	2,710	2,620	2,842	2,706	2,591	0.805	0.653
Imipramine.....	1,564	1,457	1,307	1,572	910	735	1,102	826	557	506	211	503	0.104	0.985
Carbamazepine.....	2,556	1,952	1,929	1,932	1,700	1,878	1,861	1,625	1,845	1,343	1,877	1,483	0.324	0.738
Thioridazine.....	1,367	1,405	1,785	1,562	1,005	1,242	1,001	822	905	733	494	206	0.078	0.009 -
TOTAL ED VISITS**	44,151	44,439	45,190	44,027	44,521	45,314	45,876	44,342	45,378	44,309	45,374	45,774	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 the second half of 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	p-value 1997, 1998 ^{1,2}	p-value 1996, 1998 ^{1,3}
DRUG EPISODES	393,968	433,493	460,910	518,521	513,633	514,347	527,058	542,544	0.217	0.067
DRUG MENTIONS	674,861	751,731	796,762	900,317	901,206	907,561	943,937	982,856	0.135	0.018 +
Alcohol-in-combination.....	121,835	141,772	143,574	160,744	166,925	166,185	171,982	185,002	0.079	0.051
Cocaine.....	101,189	119,843	123,423	142,878	135,801	152,433	161,087	172,014	0.107	0.040 +
Heroin/morphine.....	35,898	48,003	63,232	64,013	70,838	73,846	72,010	77,645	0.060	0.443
Acetaminophen.....	30,445	31,355	34,033	38,674	36,563	38,265	35,448	32,257	0.051	0.000 -
Aspirin.....	21,669	18,834	18,958	19,358	19,358	16,729	15,854	14,623	0.494	0.737
Ibuprofen.....	15,411	16,400	17,534	19,031	21,250	16,979	17,070	17,146	0.951	0.894
Alprazolam.....	16,235	16,498	16,832	17,183	17,082	16,655	17,468	17,833	0.741	0.453
Marijuana/hashish.....	16,251	23,997	28,873	40,183	45,271	53,789	64,744	76,870	0.008 +	0.000 +
Diazepam.....	14,637	13,947	12,409	13,568	14,248	13,601	13,367	12,758	0.583	0.541
Amitriptyline.....	8,660	10,132	9,863	11,297	8,898	8,874	8,445	6,710	0.033 -	0.018 -
Acetamin./codeine.....	7,134	7,094	7,655	6,849	6,829	5,832	6,589	5,045	0.007 -	0.145
OTC sleep aids.....	6,339	7,034	5,380	6,890	6,794	7,628	6,084	5,750	0.553	0.001 -
Lorazepam.....	6,910	8,925	10,191	12,248	11,256	10,035	10,818	10,472	0.734	0.648
d-Propoxyphene.....	7,803	6,551	8,039	7,478	7,015	6,780	7,614	6,885	0.378	0.910
Fluoxetine.....	6,856	8,327	7,537	9,123	9,499	9,596	10,495	9,812	0.433	0.797
Diphenhydramine.....	6,739	7,861	7,442	9,537	8,685	9,406	8,804	6,110	0.001 -	0.001 -
Methamphetamine/speed.....	4,887	6,563	9,926	17,665	15,936	11,002	17,154	11,491	0.008 -	0.634
Oxycodone.....	3,941	3,750	3,395	4,084	3,393	3,190	4,857	5,211	0.623	0.001 +
PCP/PCP combinations.....	3,470	5,282	6,614	6,019	6,237	3,924	4,195	4,033	0.695	0.780
Lithium carbonate.....	4,506	4,653	5,327	5,964	6,707	4,678	4,864	3,481	0.061	0.058
Clonazepam.....	6,467	8,220	10,175	12,158	12,802	13,375	14,597	17,450	0.053	0.006 +
Hydantoin.....	3,146	3,879	3,528	3,276	3,576	2,935	2,434	2,976	0.342	0.942
Hydrocodone.....	5,012	6,105	6,115	8,478	8,977	10,473	10,705	12,568	0.102	0.186
LSD.....	3,846	3,499	3,422	5,150	5,681	4,569	5,219	4,982	0.770	0.631
Triazolam.....	3,363	1,666	1,264	997	776	726	322	537	0.206	0.349
Phenobarbital.....	3,016	3,220	3,021	2,471	2,888	2,335	1,830	2,545	0.142	0.693
Doxepin.....	3,734	3,605	3,351	4,268	2,726	2,402	2,091	1,537	0.117	0.031 -
Cyclobenzaprine.....	3,092	2,731	2,647	3,130	2,924	3,599	3,626	2,967	0.183	0.209
Haloperidol.....	3,176	2,896	3,301	3,072	2,718	3,311	2,306	2,131	0.697	0.026 -
Amphetamine.....	2,296	3,713	5,538	9,664	9,380	9,308	10,235	11,751	0.385	0.203
Trazodone.....	4,255	4,640	5,682	7,293	9,455	9,210	8,733	9,674	0.354	0.571
Carisoprodol.....	4,228	5,922	6,570	6,571	7,771	7,279	6,133	8,454	0.010 +	0.199
Naproxen.....	3,423	2,690	3,125	4,302	5,253	4,546	5,330	5,549	0.729	0.113
Imipramine.....	3,391	4,371	3,295	2,764	2,482	1,837	1,383	717	0.035 -	0.009 -
Carbamazepine.....	3,384	3,319	4,823	3,881	3,633	3,740	3,471	3,219	0.619	0.416
Thioridazine.....	2,679	2,881	3,017	3,190	2,567	2,243	1,727	1,227	0.132	0.016 -
TOTAL ED VISITS**	84,189	85,944	87,651	89,629	88,548	91,189	89,720	89,683	0.760	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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

**Table 3 - Estimated number of emergency department drug episodes, by metropolitan area by half year:
Second half 1993 - first half 1999**

DRUG EPISODES

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	254,033	0.094	0.031 -
Atlanta.....	4,024	4,899	5,929	5,689	5,374	4,561	4,839	4,025	3,979	5,544	5,178	5,136	0.894	0.245
Baltimore.....	6,978	7,527	8,335	8,307	7,659	7,763	8,231	6,618	6,137	6,440	7,296	7,237	0.793	0.004 +
Boston.....	6,361	6,563	8,662	8,690	7,383	7,109	6,429	6,357	5,872	6,739	6,917	6,163	0.136	0.358
Buffalo.....	1,489	1,499	1,427	1,355	1,358	1,830	1,757	1,571	1,241	1,276	1,407	1,382	0.614	0.306
Chicago.....	9,762	9,963	11,548	11,728	10,157	10,974	12,550	12,846	14,045	12,873	13,336	12,504	0.019 -	0.395
Dallas.....	2,258	2,463	2,698	2,652	2,577	2,512	2,466	2,911	3,284	3,632	3,566	3,000	0.000 -	0.000 -
Denver.....	2,106	2,502	2,532	2,460	2,149	1,779	1,641	2,101	2,237	2,031	2,060	1,771	0.001 -	0.012 -
Detroit.....	9,976	9,251	7,910	10,587	8,043	10,596	10,225	9,363	8,241	8,489	8,994	8,179	0.041 -	0.648
Los Angeles - Long Beach.....	10,268	9,524	9,732	10,027	9,233	10,100	10,178	8,809	8,378	8,127	8,976	8,825	0.791	0.416
Miami - Hialeah.....	2,909	2,888	2,961	3,266	3,156	3,078	3,214	3,239	3,046	3,170	3,255	3,320	0.820	0.368
Minneapolis - St. Paul.....	2,395	2,342	2,269	2,229	2,098	2,377	2,459	2,563	2,410	2,248	2,101	2,339	0.011 +	0.407
New Orleans.....	2,004	2,328	2,411	2,619	3,249	2,900	2,944	2,602	2,607	2,766	2,325	2,288	0.595	0.000 -
New York.....	23,205	21,652	21,475	21,027	19,764	21,001	19,470	18,953	18,163	18,047	18,096	15,192	0.007 -	0.094
Newark.....	4,292	4,565	4,829	5,435	5,435	5,274	4,635	4,155	4,738	4,619	4,326	4,057	0.491	0.150
Philadelphia.....	9,474	8,352	9,360	10,361	10,142	10,610	11,025	11,457	11,772	12,674	12,254	12,317	0.946	0.720
Phoenix.....	2,778	3,175	3,704	4,184	3,729	3,820	3,614	3,747	3,581	3,754	3,306	4,008	0.000 +	0.029 +
St. Louis.....	1,974	2,919	3,121	3,080	2,582	3,021	3,168	2,835	2,828	2,861	2,858	2,980	0.663	0.738
San Diego.....	2,538	2,582	2,469	2,346	2,315	2,915	2,896	3,081	3,673	3,590	3,391	3,143	0.006 -	0.000 -
San Francisco.....	5,200	4,883	6,882	5,071	5,093	4,764	4,772	4,633	4,791	4,596	4,473	3,810	0.000 -	0.000 -
Seattle.....	3,662	4,952	5,097	4,494	4,024	4,370	4,106	5,102	5,491	4,625	3,707	3,889	0.000 +	0.540
Washington, DC.....	6,197	6,571	7,581	6,359	5,471	5,939	5,781	5,651	5,543	5,973	5,623	4,974	0.000 -	0.000 -
National Panel.....	110,825	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	137,520	0.318	0.191

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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 4 - Estimated number of emergency department drug episodes, by metropolitan area by year: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	393,968	433,493	460,910	518,521	513,633	514,347	527,058	542,544	0.217	0.067
Atlanta.....	6,833	8,767	7,728	10,828	11,063	9,400	8,004	10,722	0.094	0.446
Baltimore.....	10,802	12,946	13,474	15,862	15,966	15,994	12,755	13,736	0.256	0.085
Boston.....	9,532	12,744	12,644	15,225	16,073	13,539	12,229	13,657	0.468	0.953
Buffalo.....	1,660	1,962	2,522	2,926	2,714	3,587	2,812	2,683	0.420	0.001 -
Chicago.....	13,875	17,580	17,978	21,511	21,885	23,524	26,891	26,209	0.653	0.039 +
Dallas.....	4,356	4,062	4,739	5,160	5,230	4,978	6,195	7,198	0.000 +	0.000 +
Denver.....	3,442	3,664	3,791	5,034	4,609	3,419	4,338	4,091	0.211	0.001 +
Detroit.....	14,327	15,777	19,169	17,162	18,630	20,822	17,604	17,483	0.939	0.343
Los Angeles - Long Beach.....	17,400	19,697	20,611	19,256	19,260	20,278	17,187	17,103	0.937	0.020 -
Miami - Hialeah.....	4,688	4,707	5,588	5,849	6,421	6,292	6,285	6,426	0.732	0.707
Minneapolis - St. Paul.....	3,696	3,923	4,558	4,611	4,327	4,836	4,974	4,348	0.079	0.169
New Orleans.....	5,767	5,353	4,092	4,739	5,868	5,844	5,209	5,091	0.365	0.000 -
New York.....	36,948	44,759	45,116	43,127	40,792	40,471	37,116	36,142	0.511	0.010 -
Newark.....	8,338	8,748	9,216	9,395	10,870	9,909	8,893	8,944	0.893	0.618
Philadelphia.....	16,845	20,573	19,801	17,711	20,502	21,634	23,229	24,928	0.085	0.033 +
Phoenix.....	5,918	6,103	5,930	6,879	7,913	7,434	7,327	7,060	0.134	0.051
St. Louis.....	4,594	4,405	4,020	6,039	5,662	6,188	5,664	5,719	0.931	0.587
San Diego.....	5,103	6,088	5,310	5,051	4,661	5,811	6,754	6,982	0.366	0.003 +
San Francisco.....	11,700	10,592	11,763	11,766	10,165	9,536	9,424	9,070	0.191	0.254
Seattle.....	4,744	6,200	7,266	10,049	8,517	8,476	10,593	8,332	0.151	0.891
Washington, DC.....	10,558	10,687	12,339	14,152	11,830	11,720	11,194	11,596	0.735	0.917
National Panel.....	192,840	204,155	223,256	266,189	260,674	260,654	282,380	295,023	0.287	0.020 +

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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

Table 5 - Estimated number of emergency department drug mentions, by metropolitan area by half year: Second half 1993 - first half 1999

DRUG MENTIONS

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	462,392	0.145	0.061
Atlanta.....	7,640	9,416	11,946	11,497	10,822	9,120	9,988	8,129	8,063	10,625	9,593	9,735	0.776	0.188
Baltimore.....	12,056	12,800	14,096	14,151	12,970	12,964	14,121	11,470	10,593	10,866	12,684	12,748	0.884	0.000 +
Boston.....	11,600	12,004	16,228	16,232	13,865	13,146	11,785	11,757	10,663	12,243	12,650	11,136	0.139	0.420
Buffalo.....	2,551	2,503	2,566	2,405	2,467	3,435	3,250	2,953	2,333	2,341	2,594	2,472	0.108	0.420
Chicago.....	17,111	17,310	19,963	20,576	17,861	19,683	22,755	24,192	26,337	23,784	24,591	22,835	0.010 -	0.256
Dallas.....	4,129	4,457	4,902	4,849	4,806	4,753	4,425	5,400	6,052	6,818	6,601	5,637	0.002 -	0.000 -
Denver.....	3,476	4,253	4,163	4,469	3,757	3,063	2,853	3,675	3,863	3,544	3,635	3,037	0.000 -	0.008 -
Detroit.....	18,636	16,683	14,065	19,445	14,732	20,025	19,012	17,212	15,291	16,031	16,573	15,550	0.138	0.735
Los Angeles - Long Beach.....	17,701	16,417	16,804	17,321	16,102	17,182	18,054	15,454	14,250	13,734	16,085	15,867	0.864	0.260
Miami - Hialeah.....	4,510	4,645	4,738	5,155	4,932	4,849	5,078	5,288	4,970	5,271	5,485	5,606	0.831	0.378
Minneapolis - St. Paul.....	4,564	4,616	4,414	4,300	4,042	4,570	4,594	4,887	4,497	4,276	3,874	4,337	0.004 +	0.819
New Orleans.....	4,013	4,576	4,883	5,044	6,090	5,490	5,550	4,775	4,949	5,155	4,507	4,497	0.958	0.009 -
New York.....	33,390	31,952	32,248	31,401	31,060	33,704	31,919	30,505	29,760	28,922	29,447	24,970	0.008 -	0.140
Newark.....	7,479	8,053	8,476	9,526	9,770	9,942	8,075	7,034	8,004	7,876	7,308	6,921	0.550	0.158
Philadelphia.....	16,366	14,867	16,850	18,722	18,252	19,108	19,693	21,016	21,844	23,102	22,524	22,796	0.878	0.889
Phoenix.....	4,785	5,325	6,238	7,043	6,169	6,536	5,999	6,354	6,309	6,390	5,902	6,906	0.000 +	0.000 +
St. Louis.....	3,283	5,409	5,612	5,693	4,681	5,414	5,626	4,977	5,343	5,317	5,395	5,536	0.806	0.753
San Diego.....	4,291	4,482	4,219	4,188	3,994	5,061	5,144	5,493	6,381	6,331	5,859	5,431	0.018 -	0.000 -
San Francisco.....	7,847	7,505	10,071	7,812	7,729	7,107	7,118	6,612	6,884	6,392	6,138	5,279	0.001 -	0.001 -
Seattle.....	6,032	8,442	8,731	7,520	6,588	7,105	6,638	8,723	9,506	7,795	6,133	6,325	0.048 +	0.475
Washington, DC.....	10,976	11,742	13,480	10,860	9,035	9,929	9,886	9,501	9,474	9,828	9,240	8,295	0.001 -	0.000 -
National Panel.....	199,419	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	256,477	0.360	0.210

* 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 6 - Estimated number of emergency department drug mentions, by metropolitan area by year: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	674,861	751,731	796,762	900,317	901,206	907,561	943,937	982,856	0.135	0.018 +
Atlanta.....	13,230	17,696	14,766	21,362	22,319	19,108	16,191	20,218	0.259	0.772
Baltimore.....	18,011	22,806	23,185	26,897	27,121	27,085	22,063	23,550	0.337	0.150
Boston.....	17,239	22,679	23,102	28,231	30,097	24,932	22,420	24,893	0.497	0.992
Buffalo.....	2,688	3,246	4,376	5,069	4,873	6,685	5,286	4,935	0.336	0.010 -
Chicago.....	23,411	30,532	31,352	37,273	38,437	42,439	50,529	48,375	0.495	0.036 +
Dallas.....	7,761	7,213	8,624	9,360	9,655	9,178	11,452	13,419	0.000 +	0.000 +
Denver.....	5,981	6,338	6,367	8,417	8,226	5,916	7,538	7,179	0.313	0.001 +
Detroit.....	24,377	28,378	35,715	30,748	34,177	39,037	32,503	32,604	0.974	0.351
Los Angeles - Long Beach.....	30,223	33,723	35,564	33,221	33,423	35,236	29,703	29,820	0.945	0.093
Miami - Hialeah.....	7,694	7,813	8,704	9,383	10,087	9,926	10,258	10,756	0.483	0.138
Minneapolis - St. Paul.....	6,968	7,737	8,756	9,030	8,342	9,164	9,383	8,150	0.064	0.209
New Orleans.....	9,865	9,873	8,225	9,459	11,134	11,040	9,724	9,662	0.830	0.003 -
New York.....	52,336	65,648	65,375	64,199	62,461	65,623	60,265	58,368	0.485	0.012 -
Newark.....	15,046	14,843	15,928	16,529	19,296	18,017	15,038	15,185	0.820	0.502
Philadelphia.....	26,830	35,817	34,994	31,717	36,974	38,801	42,860	45,626	0.251	0.039 +
Phoenix.....	9,907	10,074	10,010	11,563	13,211	12,534	12,663	12,292	0.275	0.487
St. Louis.....	8,088	7,610	6,807	11,021	10,374	11,040	10,320	10,712	0.771	0.856
San Diego.....	8,896	10,291	9,033	8,701	8,182	10,205	11,874	12,190	0.494	0.004 +
San Francisco.....	17,210	15,436	17,538	17,576	15,541	14,224	13,495	12,530	0.009 -	0.004 -
Seattle.....	7,993	10,353	12,126	17,173	14,108	13,743	18,228	13,927	0.120	0.912
Washington, DC.....	18,234	18,329	21,692	25,222	19,896	19,815	18,975	19,068	0.966	0.725
National Panel.....	342,872	365,297	394,524	468,167	463,272	463,815	513,169	549,397	0.145	0.005 +

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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

Table 7 - Estimated number of emergency department cocaine mentions, by metropolitan area by half year: Second half 1993 - first half 1999

COCAINE

	Jul - Dec 1993	Jan - Jun 1994	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 *	<i>p</i> -value H2,H1, 98,99 ^{1,2}	<i>p</i> -value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	77,256	0.052	0.122
Atlanta.....	2,314	2,665	3,500	3,384	3,130	2,685	2,749	2,227	2,016	3,127	2,853	2,557	0.235	0.009 -
Baltimore.....	3,912	4,297	4,585	4,700	3,903	4,021	4,495	3,212	3,041	3,167	3,704	3,515	0.154	0.022 +
Boston.....	1,887	1,958	2,757	2,945	2,322	2,166	1,942	1,661	1,672	2,051	2,475	1,857	0.003 -	0.377
Buffalo.....	565	564	643	614	721	1,092	1,111	884	642	610	615	520	0.000 -	0.183
Chicago.....	4,876	4,839	5,958	6,003	4,699	5,734	6,954	7,100	7,273	6,883	6,757	6,191	0.017 -	0.024 -
Dallas.....	667	692	733	752	704	690	702	819	959	1,262	1,324	998	0.000 -	0.000 -
Denver.....	603	700	599	656	493	406	405	492	581	502	653	513	0.000 -	0.797
Detroit.....	4,796	4,585	3,379	5,420	3,347	5,255	5,180	4,489	3,604	4,172	4,445	3,746	0.001 -	0.224
Los Angeles - Long Beach.....	2,676	2,548	2,522	2,663	2,322	2,748	2,962	2,295	2,413	2,629	3,154	2,911	0.415	0.442
Miami - Hialeah.....	1,382	1,313	1,428	1,552	1,526	1,488	1,615	1,638	1,616	1,768	1,785	1,846	0.683	0.596
Minneapolis - St. Paul.....	256	252	327	237	229	301	375	359	377	394	378	402	0.350	0.770
New Orleans.....	866	967	917	863	1,154	1,078	1,302	1,177	1,186	1,305	1,091	1,069	0.405	0.000 -
New York.....	10,586	10,084	10,130	9,915	9,808	11,070	10,522	10,233	9,969	9,989	9,560	7,557	0.009 -	0.038 -
Newark.....	1,844	1,996	2,231	2,314	2,345	2,369	2,067	1,627	1,944	1,908	1,835	1,572	0.134	0.085
Philadelphia.....	4,775	4,064	4,382	4,875	4,627	4,915	5,470	5,404	5,798	6,624	6,425	6,221	0.708	0.533
Phoenix.....	350	499	568	667	498	651	731	675	659	749	737	826	0.010 +	0.004 +
St. Louis.....	604	1,154	1,175	1,108	734	877	975	707	787	1,017	1,056	1,119	0.635	0.573
San Diego.....	424	384	285	322	322	405	501	394	452	462	509	411	0.000 -	0.151
San Francisco.....	1,390	1,288	1,835	1,296	1,264	1,155	1,160	992	987	912	930	665	0.000 -	0.000 -
Seattle.....	924	1,380	1,517	1,211	946	1,128	1,015	1,267	1,583	1,261	1,139	1,081	0.044 -	0.682
Washington, DC.....	2,142	2,162	2,688	2,025	1,517	1,954	1,927	1,604	1,619	1,892	1,826	1,436	0.000 -	0.000 -
National Panel.....	14,653	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	30,241	0.536	0.591

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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 8 - Estimated number of emergency department cocaine mentions, by metropolitan area by year: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	101,189	119,843	123,423	142,878	135,801	152,433	161,087	172,014	0.107	0.040 +
Atlanta.....	3,266	5,118	4,384	6,165	6,515	5,434	4,244	5,980	0.052	0.583
Baltimore.....	6,687	8,078	7,643	8,882	8,603	8,515	6,253	6,871	0.225	0.042 -
Boston.....	2,992	4,266	3,912	4,715	5,267	4,109	3,333	4,526	0.174	0.663
Buffalo.....	469	644	974	1,207	1,334	2,203	1,526	1,225	0.060	0.001 -
Chicago.....	5,575	8,214	8,640	10,797	10,702	12,688	14,373	13,640	0.445	0.208
Dallas.....	1,302	1,221	1,345	1,426	1,457	1,393	1,778	2,586	0.000 +	0.000 +
Denver.....	699	838	968	1,299	1,149	811	1,072	1,154	0.222	0.000 +
Detroit.....	5,919	6,939	8,991	7,964	8,767	10,435	8,093	8,617	0.615	0.483
Los Angeles - Long Beach.....	4,901	5,337	5,362	5,070	4,985	5,710	4,707	5,783	0.008 +	0.906
Miami - Hialeah.....	1,838	1,940	2,662	2,742	3,078	3,104	3,254	3,553	0.166	0.020 +
Minneapolis - St. Paul.....	396	449	457	578	465	675	736	773	0.589	0.261
New Orleans.....	3,486	2,847	1,686	1,884	2,018	2,380	2,363	2,396	0.778	0.900
New York.....	16,099	20,414	21,085	20,214	19,724	21,592	20,202	19,549	0.495	0.040 -
Newark.....	4,016	4,017	3,825	4,228	4,658	4,436	3,571	3,743	0.417	0.500
Philadelphia.....	8,769	10,986	9,943	8,446	9,502	10,384	11,202	13,049	0.002 +	0.015 +
Phoenix.....	803	908	838	1,067	1,165	1,382	1,334	1,486	0.001 +	0.182
St. Louis.....	1,419	1,445	1,220	2,329	1,841	1,852	1,494	2,073	0.190	0.648
San Diego.....	846	1,149	869	668	644	906	846	971	0.090	0.496
San Francisco.....	3,052	2,760	3,035	3,123	2,560	2,315	1,979	1,843	0.113	0.000 -
Seattle.....	1,124	1,446	1,760	2,896	2,157	2,143	2,850	2,399	0.355	0.420
Washington, DC.....	4,572	4,236	4,275	4,849	3,542	3,881	3,223	3,718	0.006 +	0.403
National Panel.....	22,958	26,591	29,550	42,330	35,668	46,085	62,654	66,078	0.591	0.026 +

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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

**Table 9 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by half year:
Second half 1993 - first half 1999**

HEROIN/MORPHINE

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,237	0.651	0.914
Atlanta.....	144	197	260	219	205	216	198	179	220	229	254	214	0.140	0.564
Baltimore.....	3,204	3,394	4,116	4,221	4,001	3,944	4,166	3,035	2,838	3,019	3,706	3,551	0.237	0.002 +
Boston.....	1,134	945	1,582	1,594	1,377	1,337	1,415	1,278	1,239	1,366	1,390	1,385	0.980	0.947
Buffalo.....	188	140	215	155	230	222	227	208	263	228	317	261	0.000 -	0.085
Chicago.....	2,101	2,283	2,505	2,243	2,482	2,628	3,654	3,959	4,674	4,529	4,853	4,704	0.221	0.445
Dallas.....	151	108	128	148	129	163	184	256	261	262	250	208	0.013 -	0.067
Denver.....	179	219	276	228	241	201	143	193	283	256	253	223	0.125	0.073
Detroit.....	1,262	1,130	975	1,343	1,058	1,614	1,600	1,584	1,462	1,437	1,464	1,276	0.099	0.222
Los Angeles - Long Beach.....	1,872	1,464	1,485	1,422	1,665	1,734	1,570	1,350	1,182	1,223	1,408	1,297	0.273	0.683
Miami - Hialeah.....	138	129	135	180	156	160	231	280	319	365	408	453	0.456	0.006 +
Minneapolis - St. Paul.....	76	41	37	48	58	49	78	83	88	93	84	99	0.278	0.539
New Orleans.....	83	83	114	107	167	135	173	219	212	269	265	282	0.321	0.424
New York.....	6,220	5,561	5,624	5,288	5,440	5,677	5,490	4,898	4,593	4,626	4,618	4,195	0.291	0.486
Newark.....	2,104	2,137	2,361	2,696	2,989	2,978	2,414	1,861	2,506	2,577	2,502	2,258	0.371	0.239
Philadelphia.....	1,116	1,029	1,411	1,877	2,002	1,955	1,985	1,738	2,079	1,672	1,914	1,944	0.893	0.413
Phoenix.....	236	246	236	232	258	290	345	414	418	474	419	395	0.547	0.301
St. Louis.....	82	216	192	206	188	243	259	253	219	304	341	377	0.457	0.264
San Diego.....	434	368	327	305	386	560	421	419	508	493	517	508	0.785	0.651
San Francisco.....	1,675	1,514	2,040	1,500	1,640	1,582	1,575	1,425	1,327	1,340	1,046	1,151	0.154	0.032 -
Seattle.....	854	995	1,098	948	1,086	1,247	1,195	1,403	1,519	1,291	1,148	1,179	0.584	0.771
Washington, DC.....	611	505	755	668	640	692	843	827	864	1,057	1,055	853	0.000 -	0.000 -
National Panel.....	8,607	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,422	0.763	0.994

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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 10 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by year: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	35,898	48,003	63,232	64,013	70,838	73,846	72,010	77,645	0.060	0.443
Atlanta.....	157	232	250	456	424	414	400	483	0.099	0.114
Baltimore.....	3,892	5,106	5,719	7,510	8,222	8,111	5,873	6,725	0.089	0.066
Boston.....	1,165	2,061	2,319	2,527	2,971	2,751	2,517	2,756	0.459	0.991
Buffalo.....	155	172	279	355	385	448	471	545	0.001 +	0.000 +
Chicago.....	2,262	2,958	3,581	4,787	4,725	6,282	8,633	9,383	0.502	0.013 +
Dallas.....	234	276	297	237	276	347	516	512	0.943	0.000 +
Denver.....	109	123	276	495	470	344	476	509	0.203	0.000 +
Detroit.....	1,828	1,843	2,380	2,106	2,401	3,214	3,046	2,901	0.735	0.691
Los Angeles - Long Beach.....	1,674	2,944	3,724	2,949	3,088	3,305	2,532	2,631	0.648	0.027 -
Miami - Hialeah.....	145	181	251	264	336	391	599	772	0.000 +	0.000 +
Minneapolis - St. Paul.....	76	94	138	78	106	127	170	177	0.772	0.057
New Orleans.....	223	152	140	197	274	308	431	534	0.000 +	0.000 +
New York.....	6,019	8,382	11,351	11,185	10,728	11,167	9,491	9,244	0.616	0.003 -
Newark.....	2,328	2,868	4,526	4,498	5,686	5,392	4,367	5,080	0.021 +	0.860
Philadelphia.....	2,424	2,364	2,478	2,440	3,879	3,941	3,817	3,586	0.581	0.573
Phoenix.....	348	324	487	483	490	635	832	893	0.198	0.017 +
St. Louis.....	177	204	215	408	394	502	472	644	0.123	0.373
San Diego.....	773	1,022	842	695	691	982	927	1,011	0.330	0.844
San Francisco.....	3,140	3,131	3,694	3,555	3,139	3,157	2,751	2,386	0.000 -	0.000 -
Seattle.....	789	1,100	1,727	2,092	2,034	2,442	2,922	2,439	0.306	0.994
Washington, DC.....	1,480	1,512	1,414	1,261	1,307	1,535	1,691	2,112	0.000 +	0.000 +
National Panel.....	6,502	10,956	17,146	15,437	18,813	18,052	19,074	22,323	0.203	0.335

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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

**Table 11 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by half year:
Second half 1993 - first half 1999**

MARIJUANA/HASHISH

	Jul - Dec 1993	Jan - Jun 1994	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 *	<i>p</i> -value H2,H1, 98,99 ^{1,2}	<i>p</i> -value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	38,976	0.998	0.668
Atlanta.....	445	637	890	832	839	692	855	770	808	1,410	1,223	1,257	0.852	0.495
Baltimore.....	313	364	405	393	552	507	686	689	713	708	788	826	0.303	0.035 +
Boston.....	637	812	1,059	1,277	1,122	1,091	1,036	921	847	1,484	1,423	1,055	0.107	0.053
Buffalo.....	88	108	122	100	195	271	241	275	197	206	246	227	0.010 -	0.278
Chicago.....	769	984	1,236	1,524	1,396	1,652	1,881	2,060	2,364	2,607	2,395	2,287	0.301	0.010 -
Dallas.....	173	242	235	247	308	294	262	435	481	761	752	621	0.068	0.029 -
Denver.....	116	211	195	313	183	147	141	215	290	293	287	247	0.078	0.274
Detroit.....	1,532	1,511	1,338	2,089	1,785	2,234	1,981	1,853	1,892	2,049	2,286	2,266	0.844	0.330
Los Angeles - Long Beach.....	831	890	768	899	807	1,031	1,101	1,061	1,023	1,345	2,079	2,418	0.421	0.145
Miami - Hialeah.....	260	318	393	478	491	503	513	565	465	564	555	563	0.886	0.984
Minneapolis - St. Paul.....	216	252	230	232	237	286	259	309	296	241	250	302	0.037 +	0.012 +
New Orleans.....	341	460	425	426	599	558	688	636	709	714	482	538	0.003 +	0.000 -
New York.....	1,081	1,181	1,408	1,516	1,460	1,723	1,848	1,942	1,901	1,988	1,696	1,836	0.464	0.497
Newark.....	218	268	360	413	331	346	281	249	251	266	266	316	0.073	0.084
Philadelphia.....	879	930	1,154	1,554	1,508	1,689	1,747	2,164	2,392	2,835	2,475	2,800	0.072	0.900
Phoenix.....	103	159	294	279	196	334	276	357	384	385	340	535	0.000 +	0.000 +
St. Louis.....	73	...	458	521	340	418	507	521	588	693	645	860	0.089	0.228
San Diego.....	205	273	240	229	251	285	341	456	514	609	518	398	0.000 -	0.000 -
San Francisco.....	224	231	248	259	247	232	193	195	195	206	188	139	0.026 -	0.007 -
Seattle.....	203	394	476	534	459	479	417	773	890	569	366	407	0.000 +	0.398
Washington, DC.....	1,095	1,193	1,519	1,092	943	1,090	1,077	1,169	1,225	1,121	1,241	1,217	0.739	0.367
National Panel.....	5,493	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	17,862	0.863	0.662

... 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 12 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by year: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	16,251	23,997	28,873	40,183	45,271	53,789	64,744	76,870	0.008 +	0.000 +
Atlanta.....	610	957	849	1,527	1,671	1,547	1,578	2,633	0.159	0.164
Baltimore.....	355	672	625	770	945	1,194	1,402	1,495	0.626	0.015 +
Boston.....	616	1,006	1,185	1,870	2,400	2,127	1,768	2,907	0.103	0.272
Buffalo.....	54	64	138	230	295	512	472	453	0.765	0.341
Chicago.....	808	1,488	1,366	2,219	2,919	3,533	4,424	5,002	0.101	0.001 +
Dallas.....	253	341	367	477	555	556	916	1,513	0.000 +	0.000 +
Denver.....	173	232	202	406	497	288	505	579	0.088	0.000 +
Detroit.....	807	1,487	2,716	2,849	3,875	4,215	3,746	4,335	0.182	0.890
Los Angeles - Long Beach.....	1,055	1,331	1,745	1,658	1,706	2,132	2,084	3,423	0.083	0.142
Miami - Hialeah.....	443	364	472	711	969	1,015	1,030	1,118	0.273	0.184
Minneapolis - St. Paul.....	134	276	391	482	469	544	604	491	0.231	0.691
New Orleans.....	480	491	610	885	1,025	1,247	1,345	1,196	0.046 -	0.396
New York.....	1,195	2,004	2,092	2,589	2,976	3,571	3,842	3,684	0.474	0.665
Newark.....	...	396	436	628	743	627	500	532	0.051	0.408
Philadelphia.....	692	1,648	1,955	2,085	3,061	3,436	4,556	5,310	0.034 +	0.000 +
Phoenix.....	129	171	226	453	474	610	741	726	0.866	0.253
St. Louis.....	204	216	155	901	861	925	1,109	1,338	0.380	0.256
San Diego.....	290	416	479	513	480	626	970	1,127	0.008 +	0.000 +
San Francisco.....	305	278	451	479	507	425	390	394	0.943	0.651
Seattle.....	291	342	406	870	993	897	1,663	936	0.062	0.766
Washington, DC.....	959	1,259	2,102	2,712	2,035	2,167	2,394	2,362	0.944	0.639
National Panel.....	5,967	8,557	9,905	14,868	15,814	21,596	28,705	35,316	0.124	0.002 +

... 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

Table 13 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by half year: Second half 1993 - first half 1999

METHAMPHETAMINE/SPEED

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,720	0.750	0.082
Atlanta.....	45	49	51	58	89	39	96	85	129	94	67	32	0.053	0.000 -
Baltimore.....	3	1	3	3	1	3	3	4	3	...	4	5	0.073	...
Boston.....	...	2	1	...	6	...	...	4	9	3	3	9	0.119	0.119
Buffalo.....	6	7	1	4	...	8	1	6	...	2	7	6	0.013 -	0.000 +
Chicago.....	8	8	11	28	6	17	11	10	19	16	18	8	0.103	0.002 -
Dallas.....	...	62	92	124	78	53	62	77	82	118	67	57	0.466	0.000 -
Denver.....	26	57	88	100	77	45	59	149	143	66	53	25	0.000 -	0.000 -
Detroit.....	13	11	...	...	...	4	...	...	0	0	0	1	0.000 +	0.000 +
Los Angeles - Long Beach.....	622	677	722	813	464	575	694	596	633	418	368	356	0.766	0.115
Miami - Hialeah.....	4	1	7	1	4	5	4	2	8	7	9	...	...	...
Minneapolis - St. Paul.....	27	37	27	57	36	49	59	110	...	68	43	56	0.095	0.178
New Orleans.....	8	2	10	7	11	10	12	9	17	13	12	9	0.010 -	0.000 -
New York.....	...	11	9	14	...	6	15	13	...	17	19	12	0.339	0.361
Newark.....	0	...	...	...	0	1	...	0	...	...	...	1	...	...
Philadelphia.....	50	58	34	25	65	19	47	58	43	17	31	18	0.022 -	0.856
Phoenix.....	252	379	434	454	324	397	328	461	339	294	152	155	0.891	0.004 -
St. Louis.....	18	28	25	58	18	...	23	23	43	30	...	36	...	0.492
San Diego.....	508	486	427	413	272	288	378	418	558	421	300	253	0.060	0.000 -
San Francisco.....	454	475	782	622	484	403	531	484	528	385	232	228	0.863	0.000 -
Seattle.....	94	126	172	181	79	72	123	212	267	160	106	150	0.000 +	0.641
Washington, DC.....	...	1	32	...	10	...	6	...	...	10	6	...	...	...
National Panel.....	3,516	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,295	0.866	0.293

... 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 14 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by year: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.	4,887	6,563	9,926	17,665	15,936	11,002	17,154	11,491	0.008 -	0.634
Atlanta.....	38	21	55	101	147	135	214	162	0.158	0.464
Baltimore.....	6	8	5	4	4	6	7	6	0.493	1.000
Boston.....	13	12	15	3	7	...	13	6	0.116	...
Buffalo.....	7	1	7	8	6	9	8	9	0.325	1.000
Chicago.....	18	12	20	20	34	28	29	33	0.273	0.476
Dallas.....	99	68	79	154	203	115	159	186	0.073	0.000 +
Denver.....	38	31	55	145	176	105	292	120	0.000 -	0.280
Detroit.....	29	10	24	17	15	...	...	0	...	...
Los Angeles - Long Beach.....	506	828	1,226	1,400	1,276	1,268	1,229	786	0.000 -	0.002 -
Miami - Hialeah.....	6	6	4	8	5	9	10	16	0.000 +	0.000 +
Minneapolis - St. Paul.....	22	42	42	64	93	108	217	112	0.002 -	0.841
New Orleans.....	40	18	10	12	18	22	26	25	0.702	0.727
New York.....	12	20	16	21	23	21	32	36	0.629	0.064
Newark.....	1	11	1	...	...	...	...	...	...	...
Philadelphia.....	92	142	110	92	91	66	101	48	0.087	0.145
Phoenix.....	164	279	481	813	777	725	800	446	0.000 -	0.000 -
St. Louis.....	27	15	29	52	76	39	67	66	0.963	0.338
San Diego.....	515	931	929	913	686	666	976	721	0.001 -	0.557
San Francisco.....	839	688	992	1,258	1,106	934	1,012	616	0.000 -	0.000 -
Seattle.....	90	99	177	299	260	195	479	266	0.000 -	0.007 +
Washington, DC.....	22	7	20	33	24	11	...	16	...	0.193
National Panel.....	2,302	3,315	5,628	12,245	10,906	6,499	11,454	7,810	0.089	0.191

... 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 update).

Table 15 - Estimated number of total emergency department visits, by metropolitan area by half year: Second half 1993 - first half 1999

TOTAL ED VISITS**

	Jul - Dec 1993	Jan - Jun 1994	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 *	<i>p</i> -value H2,H1, 98,99 ^{1,2}	<i>p</i> -value H1,H1, 98,99 ^{1,3}
TOTAL U.S.	44,151	44,439	45,190	44,027	44,521	45,314	45,876	44,342	45,378	44,309	45,374	45,774	0.000 +	0.000 +
Atlanta.....	550	541	588	545	585	564	561	507	534	511	521	544	0.000 +	0.000 +
Baltimore.....	419	408	418	414	423	429	436	434	440	463	468	480	0.000 +	0.000 +
Boston.....	884	818	861	797	804	834	880	784	784	770	786	808	0.280	0.059
Buffalo.....	169	158	166	150	151	145	149	132	136	127	144	136	0.000 -	0.000 +
Chicago.....	1,040	1,063	1,082	1,093	1,123	1,095	1,109	1,071	1,126	1,049	1,092	1,080	0.000 -	0.000 +
Dallas.....	407	409	417	416	427	417	419	449	438	462	452	460	0.000 +	0.000 -
Denver.....	242	223	225	228	237	230	216	216	223	212	214	222	0.000 +	0.000 +
Detroit.....	798	722	713	752	761	746	791	729	720	724	737	737	0.000 -	0.000 +
Los Angeles - Long Beach.....	1,204	1,158	1,218	1,115	1,123	1,177	1,158	1,068	1,165	1,024	1,118	1,020	0.000 -	0.000 -
Miami - Hialeah.....	285	307	300	309	313	318	314	329	339	354	346	338	0.000 -	0.000 -
Minneapolis - St. Paul.....	323	273	288	336	347	346	345	335	347	330	331	331	0.000 -	0.000 +
New Orleans.....	263	280	285	287	288	297	306	285	291	289	274	291	0.000 +	0.000 +
New York.....	1,599	1,641	1,715	1,599	1,597	1,829	1,795	1,735	1,698	1,672	1,799	1,731	0.000 -	0.000 +
Newark.....	328	331	347	347	355	332	349	321	328	340	357	361	0.000 +	0.000 +
Philadelphia.....	884	804	815	828	829	821	836	807	831	826	865	865	0.000 -	0.000 +
Phoenix.....	305	322	323	348	352	384	347	348	342	372	345	391	0.000 +	0.000 +
St. Louis.....	455	460	457	440	429	445	436	409	433	422	397	409	0.000 +	0.000 -
San Diego.....	301	264	256	243	260	291	284	291	295	298	313	308	0.000 -	0.000 +
San Francisco.....	281	287	291	238	243	252	243	239	241	256	257	260	0.000 +	0.000 +
Seattle.....	334	353	349	279	291	309	290	283	299	279	271	279	0.000 +	0.000 +
Washington, DC.....	587	587	608	582	594	535	555	536	541	552	560	558	0.000 -	0.000 +
National Panel.....	32,496	33,030	33,468	32,681	32,989	33,518	34,059	33,036	33,829	32,977	33,725	34,163	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 the second half of 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 update).

Table 16 - Estimated number of total emergency department visits, by metropolitan area by year: 1991-1998

TOTAL ED VISITS**

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.....	84,189	85,944	87,651	89,629	88,548	91,189	89,720	89,683	0.760	0.000 -
Atlanta.....	1,059	1,046	1,096	1,129	1,129	1,125	1,041	1,032	0.726	0.002 -
Baltimore.....	803	790	827	825	838	865	873	931	0.000 +	0.000 +
Boston.....	1,683	1,749	1,746	1,679	1,601	1,714	1,568	1,556	0.793	0.000 -
Buffalo.....	336	346	333	324	300	294	268	272	0.000 +	0.000 -
Chicago.....	2,098	2,197	2,060	2,145	2,216	2,204	2,197	2,141	0.000 -	0.000 -
Dallas.....	722	757	796	826	843	835	886	914	0.000 +	0.000 +
Denver.....	427	469	486	448	464	446	439	426	0.000 -	0.000 -
Detroit.....	1,522	1,507	1,568	1,435	1,513	1,537	1,449	1,461	0.000 +	0.000 -
Los Angeles - Long Beach.....	2,303	2,296	2,419	2,376	2,237	2,335	2,233	2,142	0.000 -	0.000 -
Miami - Hialeah.....	574	565	571	607	622	632	668	700	0.000 +	0.000 +
Minneapolis - St. Paul.....	656	623	630	561	683	691	683	661	0.000 -	0.000 -
New Orleans.....	506	521	535	566	575	603	576	563	0.000 -	0.000 -
New York.....	3,221	3,233	3,210	3,356	3,196	3,624	3,432	3,472	0.000 +	0.000 -
Newark.....	637	617	670	679	702	681	649	697	0.000 +	0.000 +
Philadelphia.....	1,720	1,827	1,752	1,619	1,657	1,657	1,638	1,691	0.000 +	0.001 +
Phoenix.....	601	631	645	645	701	732	690	717	0.000 +	0.000 -
St. Louis.....	863	789	894	917	869	880	841	819	0.000 -	0.000 -
San Diego.....	612	614	618	520	504	575	586	611	0.000 +	0.000 +
San Francisco.....	558	543	589	578	481	495	479	513	0.000 +	0.000 +
Seattle.....	637	652	697	702	570	599	582	550	0.000 -	0.000 -
Washington, DC.....	1,101	1,048	1,156	1,195	1,176	1,090	1,077	1,112	0.000 +	0.000 +
National Panel.....	61,553	63,124	64,354	66,498	65,670	67,577	66,864	66,702	0.224	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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

DRUG EPISODES

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.***	230,676	252,625	265,896	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	254,033	0.094	0.031 -
AGE														
6-34.....	141,765	158,735	166,198	165,408	144,530	150,391	152,993	155,293	151,416	154,273	147,687	137,244	0.041 -	0.000 -
12-17.....	22,947	31,498	28,974	32,604	28,118	33,383	30,566	33,126	28,312	32,496	26,591	27,134	0.731	0.001 -
18-25.....	48,340	54,393	57,868	54,238	49,471	47,928	50,697	52,641	52,006	50,798	52,640	49,116	0.138	0.423
26-34.....	69,904	72,398	78,797	77,881	66,123	68,461	71,174	68,917	69,981	70,484	67,999	60,396	0.006 -	0.000 -
35+.....	88,355	91,698	98,447	104,781	97,536	100,825	109,280	108,947	109,683	116,837	122,335	116,400	0.266	0.926
GENDER														
Male.....	119,252	125,998	137,336	135,680	120,457	122,807	134,851	136,327	133,638	141,162	140,193	130,966	0.170	0.097
Female.....	109,048	124,538	125,795	132,477	119,685	125,878	125,194	126,468	125,761	127,820	128,410	120,770	0.077	0.039 -
RACE/ETHNICITY														
White.....	123,288	135,083	144,229	145,154	132,484	134,980	139,078	143,733	140,509	145,650	149,796	139,460	0.205	0.301
Black.....	64,181	68,527	72,645	74,541	64,848	65,063	70,269	68,043	66,853	69,304	67,177	62,012	0.111	0.110
Hispanic.....	23,503	24,552	25,886	25,830	21,531	26,446	28,586	26,454	26,253	30,084	27,078	27,502	0.861	0.275
Other race.....	2,541	3,099	2,951	3,089	2,447	3,201	2,819	3,107	2,990	2,809	2,574	2,265	0.358	0.067
Race unknown.....	17,163	21,365	20,185	22,241	21,468	21,982	21,923	23,856	25,259	24,055	24,017	22,794	0.320	0.618
FACILITY LOCATION														
Central city.....	83,014	82,369	87,900	89,537	81,834	85,920	86,007	81,984	81,597	82,642	83,018	76,661	0.000 -	0.035 -
Outside central city.....	36,360	39,031	43,032	42,430	39,157	41,373	40,393	40,635	40,461	41,432	40,428	39,852	0.633	0.224
National Panel.....	110,825	131,225	134,964	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	137,520	0.318	0.191
DRUG USE MOTIVE														
Recreational use.....	18,640	19,963	23,985	23,593	22,614	23,536	30,336	29,082	26,993	27,515	29,520	29,387	0.964	0.487
Dependence.....	72,792	79,301	86,240	88,295	75,696	80,971	86,499	87,460	91,101	92,671	96,422	88,516	0.060	0.475
Suicide.....	88,170	99,775	99,997	104,401	96,718	95,668	95,742	99,635	91,847	98,216	91,681	81,915	0.054	0.000 -
Other/unknown motive.....	51,075	53,586	55,674	54,566	47,749	51,497	50,098	49,017	51,924	53,500	53,018	54,216	0.771	0.857
REASONS FOR ED CONTACT														
Unexpected reaction.....	27,699	31,189	35,406	31,284	26,098	28,940	32,963	35,504	33,183	34,218	36,962	34,009	0.242	0.924
Overdose.....	120,203	132,232	137,341	141,373	130,349	127,055	125,860	128,330	116,594	127,490	117,674	111,226	0.113	0.000 -
Chronic effects.....	25,192	26,904	29,106	33,188	26,978	26,987	26,480	24,116	25,157	25,717	24,393	24,269	0.957	0.546
Seeking detox.....	22,664	25,058	27,155	26,545	23,938	28,388	31,535	32,226	35,662	35,618	37,425	34,168	0.391	0.770
Withdrawal.....	6,405	7,233	6,791	8,161	6,965	7,223	7,790	6,984	8,193	8,320	9,659	8,268	0.114	0.904
Other/unknown reason.....	28,514	30,008	30,097	30,305	28,449	33,079	38,047	38,034	43,076	40,540	44,528	42,094	0.564	0.572

*** 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.**	393,968	433,493	460,910	518,521	513,633	514,347	527,058	542,544	0.217	0.067
AGE										
6-34.....	261,873	277,887	288,332	324,933	309,937	303,384	306,709	301,960	0.492	0.886
12-17.....	47,494	46,822	50,039	60,472	60,722	63,949	61,437	59,086	0.394	0.035 -
18-25.....	92,410	96,307	98,276	112,262	103,708	98,625	104,647	103,438	0.721	0.220
26-34.....	121,354	133,506	138,634	151,195	144,003	139,634	138,897	138,483	0.910	0.824
35+.....	130,852	154,570	171,257	190,145	202,316	210,105	218,630	239,172	0.002 +	0.001 +
GENDER										
Male.....	189,455	219,607	231,721	263,334	256,137	257,658	269,965	281,355	0.145	0.014 +
Female.....	200,972	210,051	224,526	250,333	252,162	251,072	252,229	256,230	0.507	0.459
RACE/ETHNICITY										
White.....	221,541	235,643	245,243	279,312	277,637	274,057	284,242	295,447	0.264	0.085
Black.....	106,914	122,880	126,929	141,171	139,389	135,332	134,896	136,481	0.724	0.841
Hispanic.....	33,082	42,174	48,233	50,438	47,360	55,032	52,707	57,162	0.518	0.756
Other race.....	4,298	4,892	5,844	6,050	5,536	6,020	6,097	5,382	0.148	0.136
Race unknown.....	28,133	27,905	34,660	41,550	43,709	43,905	49,115	48,072	0.812	0.305
FACILITY LOCATION										
Central city.....	136,436	158,892	162,210	170,269	171,372	171,926	163,581	165,660	0.579	0.274
Outside central city.....	64,692	70,445	74,542	82,063	81,587	81,766	81,096	81,860	0.806	0.981
National Panel.....	192,840	204,155	223,256	266,189	260,674	260,654	282,380	295,023	0.287	0.020 +
DRUG USE MOTIVE										
Recreational use.....	30,362	35,008	36,421	43,948	46,207	53,873	56,075	57,035	0.751	0.523
Dependence.....	114,009	135,280	144,152	165,541	163,991	167,470	178,561	189,094	0.185	0.054
Suicide.....	172,710	172,403	180,212	199,773	201,120	191,410	191,481	189,897	0.815	0.855
Other/unknown motive.....	76,887	90,801	100,125	109,259	102,315	101,595	100,941	106,518	0.278	0.473
REASONS FOR ED CONTACT										
Unexpected reaction.....	41,246	52,588	54,569	66,595	57,382	61,902	68,687	71,180	0.393	0.004 +
Overdose.....	224,189	232,674	243,765	269,573	271,722	252,915	244,924	245,164	0.967	0.263
Chronic effects.....	43,964	46,865	50,180	56,010	60,166	53,467	49,273	50,110	0.721	0.338
Seeking detox.....	36,704	44,815	47,398	52,213	50,483	59,923	67,888	73,043	0.425	0.136
Withdrawal.....	7,166	9,851	11,125	14,025	15,127	15,013	15,176	17,979	0.024 +	0.028 +
Other/unknown reason.....	40,699	46,700	53,872	60,105	58,754	71,127	81,110	85,068	0.548	0.050

*** 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

DRUG MENTIONS

	Jul - Dec 1993	Jan - Jun 1994	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 *	<i>p</i> -value H2,H1, 98,99 ^{1,2}	<i>p</i> -value H1,H1, 98,99 ^{1,3}
TOTAL U.S.***	401,857	438,398	461,919	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	462,392	0.145	0.061
AGE														
6-34.....	244,305	272,779	282,465	282,169	250,727	257,923	267,326	271,389	268,280	273,532	262,805	244,976	0.070	0.001 -
12-17.....	36,421	49,404	44,250	50,506	42,536	50,145	46,514	52,456	46,170	51,860	43,435	42,326	0.670	0.001 -
18-25.....	83,591	93,038	98,233	92,590	86,061	81,437	89,945	92,600	93,133	91,489	93,065	88,556	0.321	0.461
26-34.....	123,681	129,779	139,345	138,235	121,140	125,525	130,138	125,315	127,637	129,651	125,758	113,257	0.025 -	0.002 -
35+.....	156,665	162,871	177,748	188,693	177,294	184,247	196,454	200,310	201,077	217,120	226,812	216,769	0.353	0.969
GENDER														
Male.....	205,480	223,271	239,186	239,965	214,214	219,983	242,521	244,437	242,043	258,370	256,971	238,991	0.180	0.085
Female.....	192,145	211,479	217,633	227,283	210,470	217,656	217,617	224,909	224,458	228,763	230,246	219,199	0.191	0.170
RACE/ETHNICITY														
White.....	223,412	240,915	260,311	260,361	243,975	243,698	253,185	265,068	260,410	273,988	282,330	263,639	0.267	0.383
Black.....	108,759	117,266	123,184	129,976	110,427	112,470	121,325	118,566	117,978	122,088	116,961	109,261	0.134	0.102
Hispanic.....	37,237	39,737	40,848	40,497	34,493	44,629	48,745	44,889	46,466	51,553	47,185	47,687	0.898	0.404
Other race.....	4,379	5,133	4,725	4,944	4,026	5,545	5,438	4,890	4,959	5,020	4,369	3,602	0.327	0.102
Race unknown.....	28,069	35,347	32,851	36,155	36,352	36,590	35,936	39,807	40,904	39,467	39,895	38,203	0.413	0.757
FACILITY LOCATION														
Central city.....	137,459	137,657	147,683	152,191	139,906	147,940	149,567	142,699	142,178	142,150	143,175	133,639	0.001 -	0.100
Outside central city.....	64,443	69,801	77,010	76,018	69,819	74,244	71,995	72,706	73,185	74,491	73,643	72,276	0.552	0.382
National Panel.....	199,419	230,940	237,227	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	256,477	0.360	0.210
DRUG USE MOTIVE														
Recreational use.....	31,421	32,825	37,642	37,929	36,851	38,289	51,074	48,885	45,229	46,332	51,292	52,532	0.804	0.217
Dependence.....	118,289	131,925	143,424	148,717	128,299	139,928	150,209	152,316	159,865	163,309	168,860	154,744	0.063	0.388
Suicide.....	167,209	185,927	187,231	192,770	181,021	177,710	177,789	188,644	176,055	191,196	179,993	161,694	0.086	0.000 -
Other/unknown motive.....	84,937	87,722	93,623	92,516	83,102	87,004	85,558	83,376	89,567	91,278	90,595	93,422	0.699	0.762
REASONS FOR ED CONTACT														
Unexpected reaction.....	45,489	50,906	56,893	51,730	43,200	46,957	53,676	59,223	54,407	56,928	61,190	59,691	0.759	0.535
Overdose.....	220,876	236,971	250,532	253,855	238,810	230,787	230,813	236,689	219,593	243,800	225,387	214,344	0.183	0.000 -
Chronic effects.....	37,299	41,578	44,695	53,156	43,214	43,780	42,453	39,269	40,399	41,914	39,927	38,574	0.705	0.389
Seeking detox.....	38,887	44,844	47,307	49,485	43,842	52,883	58,745	59,974	69,443	67,439	70,749	65,088	0.416	0.792
Withdrawal.....	9,974	10,751	10,156	11,595	9,929	10,920	11,764	10,647	11,897	12,242	15,418	12,223	0.077	0.982
Other/unknown reason.....	49,330	53,348	52,337	52,112	50,279	57,605	67,177	67,418	74,977	69,793	78,069	72,472	0.445	0.553

*** 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	p-value 1997, 1998 ^{1,2}	p-value 1996, 1998 ^{1,3}
TOTAL U.S.***	674,861	751,731	796,762	900,317	901,206	907,561	943,937	982,856	0.135	0.018 +
AGE										
6-34.....	440,437	476,533	492,356	555,245	532,896	525,249	539,669	536,337	0.812	0.498
12-17.....	72,545	72,970	77,134	93,654	93,041	96,659	98,626	95,295	0.508	0.754
18-25.....	153,202	166,680	167,275	191,271	178,651	171,382	185,733	184,555	0.856	0.088
26-34.....	213,864	235,322	246,224	269,124	259,375	255,663	252,952	255,409	0.763	0.998
35+.....	232,532	273,609	302,025	340,618	365,987	380,701	401,388	443,932	0.003 +	0.000 +
GENDER										
Male.....	325,953	382,788	400,195	462,457	454,180	462,505	486,480	515,342	0.073	0.008 +
Female.....	342,839	361,572	388,552	429,112	437,753	435,273	449,367	459,009	0.439	0.099
RACE/ETHNICITY										
White.....	396,904	426,793	440,188	501,226	504,336	496,883	525,478	556,318	0.156	0.021 +
Black.....	173,347	205,800	214,960	240,450	240,403	233,795	236,544	239,049	0.754	0.668
Hispanic.....	51,928	67,384	76,337	80,585	74,990	93,374	91,355	98,738	0.582	0.699
Other race.....	6,861	8,027	9,697	9,859	8,970	10,982	9,849	9,389	0.619	0.121
Race unknown.....	45,820	43,726	55,580	68,198	72,507	72,526	80,711	79,362	0.866	0.361
FACILITY LOCATION										
Central city.....	217,701	261,137	268,395	285,340	292,097	297,507	284,877	285,326	0.950	0.271
Outside central city.....	114,288	125,297	132,833	146,811	145,836	146,240	145,891	148,134	0.708	0.810
National Panel.....	342,872	365,297	394,524	468,167	463,272	463,815	513,169	549,397	0.145	0.005 +
DRUG USE MOTIVE										
Recreational use.....	47,320	55,700	60,381	70,467	74,780	89,363	94,115	97,625	0.512	0.329
Dependence.....	184,101	221,472	235,976	275,348	277,016	290,137	312,180	332,169	0.212	0.043 +
Suicide.....	315,936	321,991	335,426	373,158	373,791	355,499	364,698	371,189	0.643	0.370
Other/unknown motive.....	127,504	152,568	164,979	181,344	175,618	172,562	172,944	181,873	0.305	0.448
REASONS FOR ED CONTACT										
Unexpected reaction.....	62,606	82,938	88,951	107,799	94,930	100,633	113,630	118,118	0.391	0.002 +
Overdose.....	403,791	424,935	440,343	487,503	492,665	461,600	456,282	469,187	0.302	0.611
Chronic effects.....	66,551	71,489	74,141	86,273	96,371	86,233	79,668	81,841	0.589	0.500
Seeking detox.....	63,071	77,834	83,318	92,151	93,326	111,628	129,417	138,188	0.481	0.101
Withdrawal.....	11,121	14,856	17,151	20,907	21,524	22,684	22,544	27,660	0.031 +	0.048 +
Other/unknown reason.....	67,720	79,679	92,858	105,685	102,390	124,782	142,394	147,863	0.649	0.072

*** 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

COCAINE

	Jul - Dec 1993	Jan - Jun 1994	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 *	<i>p</i> -value H2,H1, 98,99 ^{1,2}	<i>p</i> -value H1,H1, 98,99 ^{1,3}
TOTAL U.S.***	62,492	68,443	74,435	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	77,256	0.052	0.122
AGE														
6-34.....	37,988	41,984	45,976	43,258	34,868	39,692	43,699	42,175	43,830	44,169	43,713	38,449	0.051	0.053
12-17.....	992	1,100	954	1,191	860	1,236	1,345	2,084	1,547	2,235	2,074	1,402	0.101	0.169
18-25.....	11,050	11,821	13,571	11,699	9,417	10,207	11,858	12,340	12,880	11,886	12,622	11,476	0.196	0.650
26-34.....	25,944	29,061	31,439	30,362	24,591	28,243	30,489	27,743	29,400	29,995	29,015	25,486	0.082	0.052
35+.....	24,354	26,076	28,162	29,829	27,518	31,561	37,162	36,302	38,301	41,394	42,335	38,705	0.094	0.366
GENDER														
Male.....	41,743	45,562	50,563	48,391	41,308	46,286	54,606	52,059	54,122	55,784	56,603	49,470	0.036 -	0.116
Female.....	20,339	22,498	23,165	23,976	20,703	24,537	25,650	26,089	27,268	29,107	29,074	27,226	0.215	0.259
RACE/ETHNICITY														
White.....	16,919	19,127	21,716	20,810	19,208	20,726	23,994	24,049	26,823	25,735	27,219	24,919	0.310	0.744
Black.....	34,374	36,247	40,737	40,503	32,914	36,990	40,997	40,770	41,491	42,745	41,813	36,568	0.048 -	0.061
Hispanic.....	6,502	7,028	6,345	6,005	5,498	7,959	9,781	8,498	8,262	11,388	9,821	9,802	0.982	0.199
Other race.....	336	534	356	290	251	464	336	377	447	407	412	323	0.501	0.364
Race unknown.....	4,361	5,505	5,282	5,575	4,747	5,296	5,891	5,028	5,343	5,485	6,988	5,643	0.033 -	0.813
FACILITY LOCATION														
Central city.....	38,408	38,184	40,642	42,416	37,261	41,400	43,143	39,359	39,143	41,346	41,113	36,231	0.000 -	0.001 -
Outside central city.....	9,290	10,207	11,515	11,105	9,352	10,787	11,018	9,897	10,034	11,337	12,140	10,783	0.024 -	0.335
National Panel.....	14,653	20,051	22,279	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	30,241	0.536	0.591
DRUG USE MOTIVE														
Recreational use.....	7,403	7,628	8,485	8,025	8,310	8,248	13,158	11,299	11,512	11,293	11,876	10,794	0.531	0.779
Dependence.....	38,442	43,971	47,295	46,942	39,808	46,228	48,879	48,304	50,850	52,740	52,647	45,850	0.029 -	0.102
Suicide.....	4,687	5,558	6,161	6,337	5,735	5,978	7,067	6,936	7,513	7,869	7,786	6,092	0.058	0.013 -
Other/unknown motive.....	11,960	11,287	12,494	11,880	8,764	10,981	11,895	12,183	12,490	13,858	13,944	14,519	0.692	0.608
REASONS FOR ED CONTACT														
Unexpected reaction.....	13,799	16,002	17,760	14,404	11,532	14,316	16,108	16,725	16,138	17,732	17,511	15,863	0.188	0.238
Overdose.....	10,151	10,105	12,086	11,111	10,141	10,320	12,464	12,089	12,159	13,403	12,546	11,404	0.254	0.092
Chronic effects.....	11,565	13,467	13,562	17,665	13,478	14,333	13,895	12,678	12,192	12,930	12,703	11,185	0.025 -	0.023 -
Seeking detox.....	14,759	16,892	18,795	17,877	15,688	19,729	22,432	22,351	25,491	24,469	24,711	20,523	0.165	0.307
Withdrawal.....	1,800	1,683	1,672	1,632	1,843	1,914	1,760	1,578	1,843	1,920	2,011	1,823	0.518	0.671
Other/unknown reason.....	10,419	10,293	10,560	10,495	9,936	10,823	14,340	13,300	14,542	15,305	16,770	16,458	0.847	0.386

*** 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.***	101,189	119,843	123,423	142,878	135,801	152,433	161,087	172,014	0.107	0.040 +
AGE										
6-34.....	70,113	78,188	76,394	87,960	78,126	83,391	86,005	87,882	0.644	0.348
12-17.....	2,138	1,533	1,570	2,054	2,051	2,581	3,630	4,309	0.321	0.061
18-25.....	21,766	23,883	22,159	25,392	21,116	22,065	25,220	24,508	0.678	0.108
26-34.....	46,137	52,760	52,658	60,500	54,953	58,732	57,143	59,010	0.472	0.917
35+.....	30,582	41,288	46,614	54,238	57,348	68,723	74,602	83,729	0.005 +	0.004 +
GENDER										
Male.....	66,602	80,595	82,687	96,125	89,698	100,891	106,181	112,386	0.200	0.074
Female.....	33,778	38,194	39,936	45,663	44,679	50,187	53,357	58,181	0.063	0.017 +
RACE/ETHNICITY										
White.....	29,198	31,927	32,718	40,843	40,018	44,720	50,871	52,955	0.588	0.014 +
Black.....	56,106	69,123	68,706	76,984	73,417	77,986	82,260	84,558	0.533	0.285
Hispanic.....	9,012	11,824	12,713	13,373	11,502	17,740	16,760	21,209	0.274	0.448
Other race.....	513	502	561	890	541	800	824	819	0.959	0.903
Race unknown.....	6,360	6,467	8,724	10,788	10,323	11,187	10,371	12,472	0.161	0.447
FACILITY LOCATION										
Central city.....	60,269	74,589	74,678	78,825	79,677	84,543	78,502	82,459	0.065	0.611
Outside central city.....	17,962	18,663	18,915	21,722	20,457	21,805	19,931	23,477	0.011 +	0.370
National Panel.....	22,958	26,591	29,550	42,330	35,668	46,085	62,654	66,078	0.591	0.026 +
DRUG USE MOTIVE										
Recreational use.....	14,740	14,997	14,066	16,113	16,335	21,406	22,811	23,169	0.829	0.626
Dependence.....	65,348	77,455	77,892	91,265	86,749	95,107	99,154	105,388	0.247	0.250
Suicide.....	6,619	7,402	9,397	11,718	12,072	13,045	14,449	15,655	0.313	0.160
Other/unknown motive.....	14,481	19,988	22,068	23,782	20,644	22,876	24,673	27,802	0.184	0.140
REASONS FOR ED CONTACT										
Unexpected reaction.....	23,025	28,755	27,852	33,762	25,936	30,424	32,863	35,244	0.153	0.027 +
Overdose.....	14,662	16,242	18,991	22,191	21,251	22,784	24,249	25,949	0.223	0.031 +
Chronic effects.....	20,868	23,407	22,944	27,029	31,143	28,227	24,870	25,634	0.624	0.291
Seeking detox.....	25,492	30,826	31,801	35,687	33,565	42,161	47,842	49,181	0.760	0.296
Withdrawal.....	1,960	2,268	3,071	3,355	3,475	3,673	3,421	3,931	0.261	0.631
Other/unknown reason.....	15,182	18,344	18,764	20,854	20,432	25,163	27,842	32,075	0.190	0.046 +

*** 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

HEROIN/MORPHINE

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.**	32,469	30,036	33,977	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,237	0.651	0.914
AGE														
6-34.....	14,926	13,928	16,569	16,050	15,774	15,262	16,683	15,900	16,099	17,060	16,758	16,688	0.958	0.844
12-17.....	143	...	265	144	260	229	330	531	848	444	465	387	0.441	0.756
18-25.....	4,212	3,794	4,576	4,039	4,511	4,288	4,980	5,029	4,965	5,448	5,998	7,367	0.205	0.270
26-34.....	10,569	9,890	11,728	11,868	11,002	10,741	11,374	10,339	10,286	11,166	10,294	8,934	0.002	0.000
35+.....	17,485	16,058	17,301	19,408	19,512	19,884	21,908	19,401	20,513	21,439	22,274	21,504	0.422	0.959
GENDER														
Male.....	23,040	20,358	23,642	24,636	24,530	23,662	26,150	24,340	23,760	26,102	26,363	25,898	0.774	0.934
Female.....	9,217	9,407	10,108	10,297	10,482	11,187	12,233	10,793	12,495	12,012	12,574	12,131	0.423	0.854
RACE/ETHNICITY														
White.....	11,679	10,773	12,610	13,890	13,181	11,693	13,691	12,955	13,927	14,289	15,302	15,085	0.894	0.714
Black.....	12,082	12,615	13,374	13,520	13,733	13,753	14,634	13,667	12,906	14,070	13,776	13,319	0.365	0.483
Hispanic.....	5,849	4,396	5,056	4,596	5,242	5,715	6,052	4,188	5,046	5,740	5,779	5,549	0.527	0.666
Other race.....	206	120	162	221	145	286	191	432	232	428	215	164	0.347	0.087
Race unknown.....	2,654	2,132	2,774	3,272	3,038	3,752	4,079	4,109	4,547	4,026	4,021	4,121	0.744	0.857
FACILITY LOCATION														
Central city.....	19,003	18,092	20,552	20,219	20,708	21,773	23,016	21,317	21,941	21,849	22,720	21,821	0.095	0.975
Outside central city.....	4,807	4,612	5,320	5,409	5,689	5,856	5,149	4,545	5,133	5,260	5,492	4,993	0.102	0.497
National Panel.....	8,607	7,332	8,105	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,422	0.763	0.994
DRUG USE MOTIVE														
Recreational use.....	2,342	1,649	2,505	2,159	3,118	2,826	3,498	2,381	2,471	2,179	2,183	2,553	0.306	0.449
Dependence.....	24,767	23,966	26,540	28,539	27,012	27,945	29,349	28,160	28,844	30,662	31,565	30,552	0.557	0.968
Suicide.....	1,173	1,069	1,213	1,159	1,412	1,136	1,718	1,549	1,922	1,846	1,676	1,381	0.344	0.009
Other/unknown motive.....	4,187	3,353	3,719	3,643	3,796	3,290	4,083	3,262	3,420	3,866	3,668	3,750	0.792	0.763
REASONS FOR ED CONTACT														
Unexpected reaction.....	3,485	2,652	3,655	3,083	3,141	3,087	3,514	3,364	3,361	3,950	4,053	4,004	0.889	0.878
Overdose.....	8,685	6,281	7,470	7,116	8,808	7,085	8,097	7,506	7,967	7,839	7,867	7,310	0.415	0.481
Chronic effects.....	7,102	7,830	8,701	9,172	8,532	9,053	8,704	7,725	8,119	7,884	7,879	6,947	0.013	0.025
Seeking detox.....	6,817	7,374	7,457	8,465	7,870	9,127	9,998	9,737	10,087	10,630	11,404	12,386	0.445	0.452
Withdrawal.....	3,220	3,353	3,580	4,352	3,955	3,840	3,990	3,546	3,610	4,495	4,328	3,967	0.310	0.114
Other/unknown reason.....	3,160	2,546	3,113	3,312	3,033	3,007	4,345	3,474	3,513	3,755	3,561	3,622	0.870	0.651

*** 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.***	35,898	48,003	63,232	64,013	70,838	73,846	72,010	77,645	0.060	0.443
AGE										
6-34.....	18,445	22,502	29,506	30,497	31,824	31,946	31,999	33,818	0.233	0.516
12-17.....	182	232	280	507	404	559	1,379	909	0.316	0.049 +
18-25.....	4,704	5,860	8,019	8,370	8,550	9,268	9,994	11,446	0.139	0.150
26-34.....	13,559	16,409	21,203	21,618	22,869	22,115	20,625	21,460	0.342	0.721
35+.....	17,310	25,376	33,613	33,359	38,919	41,792	39,914	43,714	0.032 +	0.448
GENDER										
Male.....	23,638	34,781	44,672	44,000	49,166	49,812	48,099	52,464	0.073	0.413
Female.....	11,951	12,832	18,159	19,515	20,779	23,420	23,289	24,586	0.231	0.527
RACE/ETHNICITY										
White.....	13,367	17,926	23,027	23,383	27,071	25,384	26,883	29,591	0.081	0.253
Black.....	15,175	18,600	23,347	25,989	27,253	28,387	26,573	27,846	0.321	0.849
Hispanic.....	5,118	8,519	11,327	9,452	9,838	11,767	9,234	11,519	0.128	0.875
Other race.....	178	294	699	282	367	477	664	643	0.843	0.077
Race unknown.....	2,060	2,665	4,831	4,906	6,310	7,831	8,656	8,047	0.520	0.792
FACILITY LOCATION										
Central city.....	22,721	29,374	35,828	38,644	40,926	44,789	43,258	44,569	0.413	0.980
Outside central city.....	6,675	7,673	10,170	9,932	11,098	11,005	9,678	10,753	0.010 +	0.886
National Panel.....	6,502	10,956	17,146	15,437	18,813	18,052	19,074	22,323	0.203	0.335
DRUG USE MOTIVE										
Recreational use.....	2,803	3,786	5,337	4,154	5,277	6,324	4,852	4,361	0.231	0.007 -
Dependence.....	28,222	36,271	47,911	50,505	55,551	57,294	57,004	62,227	0.050	0.302
Suicide.....	1,160	1,563	2,115	2,282	2,571	2,854	3,471	3,522	0.901	0.112
Other/unknown motive.....	3,713	6,384	7,869	7,071	7,439	7,373	6,683	7,535	0.068	0.763
REASONS FOR ED CONTACT										
Unexpected reaction.....	3,781	5,219	6,848	6,306	6,224	6,600	6,725	8,003	0.006 +	0.012 +
Overdose.....	7,110	12,226	16,557	13,752	15,924	15,182	15,473	15,706	0.801	0.548
Chronic effects.....	10,759	13,310	14,280	16,532	17,704	17,756	15,845	15,763	0.904	0.089
Seeking detox.....	7,982	9,204	14,396	14,831	16,334	19,126	19,824	22,034	0.350	0.503
Withdrawal.....	3,133	3,535	5,559	6,933	8,308	7,829	7,156	8,823	0.001 +	0.066
Other/unknown reason.....	3,133	4,509	5,591	5,659	6,345	7,352	6,987	7,316	0.700	0.969

*** 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

MARIJUANA/HASHISH

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.**	15,296	19,078	21,105	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	38,976	0.998	0.668
AGE														
6-34.....	12,225	14,954	16,906	18,752	16,528	19,088	22,229	23,551	23,955	27,770	28,066	27,812	0.921	0.982
12-17.....	2,413	3,272	3,267	4,049	3,925	4,371	5,611	5,841	5,215	7,348	5,786	6,032	0.751	0.067
18-25.....	5,166	6,416	7,443	7,759	7,044	7,094	8,635	9,925	9,463	10,780	12,127	12,089	0.978	0.247
26-34.....	4,639	5,263	6,190	6,932	5,545	7,535	7,899	7,724	9,263	9,628	10,142	9,641	0.601	0.986
35+.....	3,042	4,092	4,185	5,504	4,374	5,779	6,617	8,692	8,351	10,068	10,729	11,128	0.763	0.227
GENDER														
Male.....	10,576	13,077	14,976	16,796	14,484	16,457	20,194	21,795	21,384	24,975	25,820	25,477	0.900	0.796
Female.....	4,658	5,771	5,991	7,082	6,135	8,317	8,383	10,326	10,702	12,361	12,928	13,159	0.861	0.423
RACE/ETHNICITY														
White.....	7,294	8,868	10,014	10,963	9,919	11,460	13,044	15,973	15,927	18,073	20,363	20,181	0.954	0.291
Black.....	5,281	6,855	8,197	9,253	7,657	8,748	10,204	10,331	10,789	12,380	12,071	11,653	0.549	0.421
Hispanic.....	1,459	1,628	1,481	2,085	1,656	2,917	3,382	3,417	3,263	4,202	3,464	3,832	0.461	0.582
Other race.....	130	171	131	166	235	142	242	304	220	242	255	246	0.929	0.947
Race unknown.....	1,131	1,556	1,282	1,810	1,527	1,624	2,024	2,376	2,143	2,985	2,834	3,064	0.449	0.862
FACILITY LOCATION														
Central city.....	6,333	7,302	8,283	9,760	9,482	10,354	10,573	11,058	11,833	12,692	12,418	12,688	0.592	0.996
Outside central city.....	3,463	4,561	5,169	5,448	4,768	5,508	5,758	6,559	6,589	8,361	8,083	8,427	0.382	0.885
National Panel.....	5,493	7,216	7,652	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	17,862	0.863	0.662
DRUG USE MOTIVE														
Recreational use.....	3,874	5,392	5,123	6,595	5,714	6,416	8,839	9,191	8,008	9,698	9,929	11,188	0.250	0.238
Dependence.....	5,371	6,931	8,083	9,799	8,345	9,573	11,454	11,727	12,212	13,084	13,689	12,505	0.438	0.535
Suicide.....	1,274	1,795	2,139	2,163	2,261	3,031	2,496	3,582	3,400	4,361	4,684	3,768	0.440	0.301
Other/unknown motive.....	4,776	4,960	5,760	5,719	4,674	5,872	6,107	7,902	8,722	10,740	10,685	11,515	0.456	0.530
REASONS FOR ED CONTACT														
Unexpected reaction.....	4,783	6,059	5,425	6,573	5,444	6,659	7,487	8,780	7,331	9,135	8,873	10,627	0.225	0.252
Overdose.....	2,557	3,215	3,844	3,917	3,826	4,838	5,014	5,831	5,132	7,005	7,213	6,896	0.692	0.886
Chronic effects.....	1,230	1,826	2,359	3,554	2,893	3,194	2,794	2,803	2,795	3,461	3,217	3,461	0.492	1.000
Seeking detox.....	2,567	2,669	3,516	3,911	3,255	3,560	4,201	5,085	5,837	5,447	6,347	5,483	0.456	0.969
Withdrawal.....	173	258	354	151	276	220	462	285	479	405	865	407	0.294	0.988
Other/unknown reason.....	3,986	5,051	5,607	6,171	5,302	6,422	8,939	9,617	10,768	12,429	12,470	12,102	0.806	0.705

*** 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.***	16,251	23,997	28,873	40,183	45,271	53,789	64,744	76,870	0.008 +	0.000 +
AGE										
6-34.....	13,291	19,267	23,081	31,860	35,280	41,317	47,506	55,836	0.011 +	0.000 +
12-17.....	2,130	3,104	4,247	6,539	7,974	9,982	11,056	13,135	0.055	0.001 +
18-25.....	5,687	8,294	9,545	13,860	14,803	15,729	19,388	22,907	0.037 +	0.000 +
26-34.....	5,469	7,857	9,278	11,452	12,477	15,434	16,986	19,770	0.038 +	0.001 +
35+.....	2,882	4,689	5,624	8,277	9,879	12,396	17,043	20,796	0.016 +	0.000 +
GENDER										
Male.....	11,321	17,137	20,241	28,053	31,280	36,651	43,179	50,796	0.012 +	0.000 +
Female.....	4,725	6,463	8,368	11,762	13,216	16,700	21,028	25,289	0.022 +	0.000 +
RACE/ETHNICITY										
White.....	8,030	10,484	13,483	18,882	20,882	24,505	31,900	38,436	0.085	0.000 +
Black.....	5,621	8,934	10,104	15,053	16,910	18,952	21,121	24,452	0.014 +	0.000 +
Hispanic.....	1,392	2,724	2,690	3,109	3,741	6,300	6,680	7,666	0.403	0.149
Other race.....	93	107	202	302	401	384	524	497	0.769	0.311
Race unknown.....	1,114	1,749	2,394	2,837	3,337	3,648	4,520	5,819	0.106	0.002 +
FACILITY LOCATION										
Central city.....	6,600	9,930	12,008	15,585	19,242	20,927	22,891	25,110	0.049 +	0.004 +
Outside central city.....	3,684	5,511	6,948	9,730	10,216	11,266	13,148	16,444	0.008 +	0.000 +
National Panel.....	5,967	8,557	9,905	14,868	15,814	21,596	28,705	35,316	0.124	0.002 +
DRUG USE MOTIVE										
Recreational use.....	4,478	6,041	7,339	10,515	12,310	15,255	17,199	19,628	0.064	0.021 +
Dependence.....	7,064	9,043	10,780	15,014	18,144	21,027	23,939	26,772	0.185	0.005 +
Suicide.....	1,262	2,147	2,367	3,934	4,425	5,527	6,982	9,045	0.110	0.013 +
Other/unknown motive.....	3,447	6,767	8,387	10,719	10,393	11,979	16,624	21,425	0.026 +	0.001 +
REASONS FOR ED CONTACT										
Unexpected reaction.....	4,470	7,345	8,846	11,484	12,017	14,146	16,111	18,008	0.193	0.006 +
Overdose.....	2,519	4,321	4,708	7,059	7,743	9,852	10,964	14,218	0.005 +	0.000 +
Chronic effects.....	2,066	2,357	2,553	4,185	6,447	5,988	5,598	6,679	0.061	0.400
Seeking detox.....	3,295	4,543	5,382	6,185	7,166	7,761	10,923	11,794	0.601	0.007 +
Withdrawal.....	376	251	360	612	427	682	764	1,271	0.277	0.200
Other/unknown reason.....	3,525	5,181	7,023	10,658	11,473	15,360	20,385	24,899	0.037 +	0.001 +

*** 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

METHAMPHETAMINE/SPEED

	Jul - Dec 1993	Jan - Jun 1994	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 *	p-value H2,H1, 98,99 ^{1,2}	p-value H1,H1, 98,99 ^{1,3}
TOTAL U.S.***	5,702	7,824	9,841	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,720	0.750	0.082
AGE														
6-34.....	4,444	6,072	7,263	7,116	4,592	3,278	4,550	5,797	6,654	4,593	3,659	3,308	0.545	0.173
12-17.....	371	896	1,072	1,085	353	318	710	...	949	795	...	242	...	0.019 -
18-25.....	1,736	2,344	3,151	2,785	2,003	1,704	2,024	2,149	2,569	1,847	1,635	1,547	0.788	0.478
26-34.....	2,336	2,830	3,040	3,246	2,236	1,256	1,748	2,787	3,137	1,951	1,738	1,519	0.543	0.449
35+.....	1,248	1,747	2,571	2,559	1,662	916	2,248	2,421	2,275	1,938	1,295	1,411	0.665	0.093
GENDER														
Male.....	3,845	5,045	6,349	6,147	4,177	2,501	4,628	5,266	6,127	4,016	2,793	2,722	0.899	0.077
Female.....	1,770	2,751	3,459	3,496	1,989	1,618	2,101	2,870	2,785	2,387	2,150	1,938	0.705	0.346
RACE/ETHNICITY														
White.....	3,975	5,646	6,728	6,141	4,119	2,521	4,258	5,638	6,164	4,983	3,471	3,158	0.499	0.023 -
Black.....	197	350	632	477	450	209	591	563	303	162	...	...	...	...
Hispanic.....	824	1,114	1,491	...	990	559	1,115	...	1,379	602	...	...	...	...
Other race.....	42	47	67	...	173	...	136	...	153	46	36	...	...	...
Race unknown.....	663	667	...	949	525	723	705	743	937	741	244	415	0.292	0.020 -
FACILITY LOCATION														
Central city.....	1,233	1,314	1,757	1,727	1,183	1,212	1,371	1,394	1,464	1,182	875	789	0.008 -	0.000 -
Outside central city.....	952	1,168	1,180	1,263	857	808	1,111	1,346	1,495	961	662	636	0.650	0.000 -
National Panel.....	3,516	5,342	6,904	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,295	0.866	0.293
DRUG USE MOTIVE														
Recreational use.....	1,489	1,659	2,584	2,135	1,336	1,447	1,656	1,899	2,174	1,559	1,263	1,061	0.583	0.206
Dependence.....	1,866	3,099	4,023	4,576	2,671	1,719	3,129	4,227	4,785	3,507	2,819	2,890	0.912	0.511
Suicide.....	387	...	435	535	563	279	520	693	705	524	281	305	0.818	0.222
Other/unknown motive.....	...	...	...	2,433	1,688	751	...	1,399	1,272	944	595	464	0.452	0.087
REASONS FOR ED CONTACT														
Unexpected reaction.....	2,140	2,897	3,462	3,019	2,149	1,708	2,495	3,580	3,091	1,964	2,146	1,241	0.157	0.082
Overdose.....	1,683	1,884	2,571	2,570	1,485	738	1,437	1,958	1,667	1,316	737	885	0.436	0.145
Chronic effects.....	725	881	1,671	1,639	1,239	772	1,136	1,063	1,291	1,036	550	599	0.652	0.053
Seeking detox.....	340	876	499	810	288	319	575	489	671	884	402	598	0.245	0.342
Withdrawal.....	...	...	247	...	...	...	189	67	...	...	...	...	...	...
Other/unknown reason.....	...	901	1,391	972	844	572	973	1,062	1,905	968	947	...	...	...

... 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 1998 to the first half of 1999.

³ This column compares the first half of 1998 to the first half of 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, 1999 (10/1999 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: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	<i>p</i> -value 1997, 1998 ^{1,2}	<i>p</i> -value 1996, 1998 ^{1,3}
TOTAL U.S.***	4,887	6,563	9,926	17,665	15,936	11,002	17,154	11,491	0.008	- 0.634
AGE										
6-34.....	3,716	5,177	7,731	13,335	11,709	7,828	12,451	8,252	0.031	- 0.577
12-17.....	442	669	663	1,968	1,438	1,028	1,810	1,081	0.211	0.825
18-25.....	1,302	1,719	3,425	5,494	4,788	3,728	4,718	3,482	0.151	0.624
26-34.....	1,972	2,790	3,642	5,870	5,482	3,004	5,924	3,689	0.014	- 0.269
35+.....	1,168	1,378	2,182	4,318	4,221	3,165	4,696	3,233	0.005	- 0.881
GENDER										
Male.....	3,057	4,459	6,747	11,394	10,324	7,129	11,393	6,809	0.008	- 0.599
Female.....	1,810	2,022	3,073	6,210	5,485	3,719	5,654	4,536	0.079	0.193
RACE/ETHNICITY										
White.....	3,485	4,607	7,070	12,374	10,260	6,779	11,802	8,454	0.034	- 0.039 +
Black.....	370	263	347	982	927	800	866	490	0.009	- 0.001 -
Hispanic.....	622	925	1,343	2,606	2,865	1,674	2,553	...	...	...
Other race.....	41	54	77	114	409	321	253	82	0.044	- 0.100
Race unknown.....	369	714	1,088	1,590	1,474	1,428	1,680	985	0.019	- 0.102
FACILITY LOCATION										
Central city.....	1,720	1,846	2,509	3,072	2,910	2,584	2,858	2,057	0.000	- 0.001 -
Outside central city.....	865	1,402	1,789	2,348	2,120	1,919	2,842	1,623	0.000	- 0.049 -
National Panel.....	2,302	3,315	5,628	12,245	10,906	6,499	11,454	7,810	0.089	0.191
DRUG USE MOTIVE										
Recreational use.....	1,428	2,103	2,691	4,243	3,471	3,104	4,073	2,822	0.043	- 0.649
Dependence.....	2,131	2,216	3,498	7,123	7,247	4,848	9,012	6,326	0.174	0.046 +
Suicide.....	400	...	865	922	1,098	799	1,398	805	0.030	- 0.982
Other/unknown motive.....	929	1,661	2,872	...	4,120	2,251	2,671	1,538	0.128	0.246
REASONS FOR ED CONTACT										
Unexpected reaction.....	1,481	2,345	3,689	6,359	5,168	4,202	6,671	4,110	0.039	- 0.883
Overdose.....	1,017	1,916	2,844	4,454	4,055	2,175	3,625	2,052	0.001	- 0.777
Chronic effects.....	1,087	949	1,310	2,551	2,879	1,908	2,354	1,585	0.000	- 0.465
Seeking detox.....	371	537	839	1,375	1,098	894	1,161	1,287	0.697	0.045 +
Withdrawal.....	...	...	130	...	...	277	378	...	...	...
Other/unknown reason.....	702	501	1,114	2,292	1,816	1,546	2,966	1,915	0.145	0.309

... 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 1997 to 1998.

³ This column compares 1996 to 1998.

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, 1999 (10/1999 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 1993 - first half 1999

	Jul - Dec 1993	Jan - Jun 1994	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 *
DRUG EPISODES.....	100.4	110.0	115.1	116.7	104.1	107.3	111.3	111.8	109.8	113.3	112.1	104.7
DRUG MENTIONS.....	175.0	191.0	200.0	203.4	184.0	188.9	196.8	199.5	197.3	205.0	203.2	190.5
Alcohol-in-combination.....	31.5	33.8	36.0	37.3	34.4	34.3	36.3	35.9	36.4	37.9	38.9	35.7
Cocaine.....	27.2	29.8	32.2	31.5	26.8	30.5	34.3	33.2	34.5	35.7	35.7	31.8
Heroin/morphine.....	14.1	13.1	14.7	15.3	15.1	15.0	16.4	14.9	15.4	16.1	16.2	15.8
Acetaminophen.....	6.6	9.3	7.5	8.1	7.6	8.6	7.6	7.8	7.1	7.2	6.2	5.6
Aspirin.....	3.8	4.3	4.1	3.7	3.5	3.7	3.1	3.2	3.0	3.1	3.3	2.6
Ibuprofen.....	3.7	4.3	4.0	4.6	4.6	3.7	3.6	3.6	3.6	3.7	3.5	3.1
Alprazolam.....	3.8	3.5	4.0	3.9	3.4	3.8	3.3	3.7	3.7	3.8	3.6	3.9
Marijuana/hashish.....	6.7	8.3	9.1	10.5	9.0	10.6	12.2	13.7	13.6	15.8	16.1	16.1
Diazepam.....	2.5	2.6	3.3	3.2	2.9	2.8	3.0	2.9	2.7	2.4	2.9	2.1
Amitriptyline.....	2.3	2.6	2.3	2.1	1.7	2.3	1.5	1.8	1.7	1.5	1.3	0.9
Acetamin./codeine.....	1.7	1.4	1.6	1.5	1.5	1.2	1.2	1.5	1.3	1.0	1.1	0.7
OTC sleep aids.....	1.2	1.4	1.6	1.4	1.5	1.8	1.4	1.4	1.1	1.3	1.1	1.0
Lorazepam.....	2.4	2.5	2.8	2.6	2.2	2.3	2.0	2.3	2.2	2.3	2.0	2.1
d-Propoxyphene.....	1.7	1.7	1.5	1.6	1.4	1.5	1.4	1.4	1.8	1.6	1.2	1.5
Fluoxetine.....	1.8	1.9	2.1	2.0	2.0	2.2	1.9	2.3	2.1	2.2	1.8	2.2
Diphenhydramine.....	1.6	1.9	2.2	2.1	1.6	1.9	2.1	2.0	1.7	1.4	1.1	1.1
Methamphetamine/speed.....	2.5	3.4	4.3	4.2	2.7	1.8	2.9	3.5	3.7	2.7	2.1	1.9
Oxycodone.....	0.7	0.9	0.9	0.8	0.7	0.6	0.7	0.9	1.1	1.0	1.2	1.2
PCP/PCP combinations.....	1.4	1.3	1.3	1.4	1.3	0.8	0.8	0.9	0.8	0.9	0.8	0.9
Lithium carbonate.....	1.1	1.1	1.5	1.7	1.2	1.1	0.9	1.2	0.9	0.8	0.7	0.8
Clonazepam.....	2.3	2.6	2.7	2.8	2.8	2.9	2.8	3.1	3.0	3.7	3.6	3.4
Hydantoin.....	0.9	0.8	0.6	0.9	0.7	0.7	0.6	0.6	0.4	0.6	0.6	0.4
Hydrocodone.....	1.6	1.8	1.9	2.0	1.9	2.4	2.0	2.2	2.3	2.4	2.8	2.3
LSD.....	0.8	0.9	1.4	1.1	1.3	1.1	0.9	1.5	0.6	0.7	1.3	1.0
Triazolam.....	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Phenobarbital.....	0.6	0.6	0.5	0.6	0.7	0.5	0.5	0.4	0.3	0.5	0.5	0.3
Doxepin.....	0.7	0.8	1.0	0.7	0.5	0.5	0.6	0.6	0.3	0.4	0.3	0.3
Cyclobenzaprine.....	0.5	0.6	0.7	0.6	0.7	0.7	0.8	0.7	0.9	0.6	0.6	0.6
Haloperidol.....	0.6	0.6	0.8	0.7	0.5	0.5	0.9	0.5	0.5	0.4	0.5	0.2
Amphetamine.....	1.4	1.9	2.3	2.4	1.6	1.5	2.5	1.9	2.4	2.2	2.7	2.3
Trazodone.....	1.2	1.4	1.7	2.1	2.0	2.0	1.9	1.8	1.9	2.1	1.9	2.1
Carisoprodol.....	1.7	1.5	1.3	1.9	1.4	1.6	1.5	1.2	1.3	1.8	1.7	1.7
Naproxen.....	0.5	0.9	0.9	1.0	1.2	1.0	0.9	1.1	1.1	1.2	1.1	1.1
Imipramine.....	0.7	0.6	0.6	0.7	0.4	0.3	0.5	0.3	0.2	0.2	0.1	0.2
Carbamazepine.....	1.1	0.9	0.8	0.8	0.7	0.8	0.8	0.7	0.8	0.6	0.8	0.6
Thioridazine.....	0.6	0.6	0.8	0.7	0.4	0.5	0.4	0.3	0.4	0.3	0.2	0.1
TOTAL ED VISITS**.....	19,225.9	19,357.6	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	18,861.2

* 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.

** 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, 1999 (10/1999 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: 1991-1998

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
DRUG EPISODES.....	175.8	191.4	201.3	225.2	220.8	218.6	221.5	225.4
DRUG MENTIONS.....	301.2	331.9	347.9	391.0	387.4	385.7	396.8	408.3
Alcohol-in-combination.....	54.4	62.6	62.7	69.8	71.7	70.6	72.3	76.8
Cocaine.....	45.2	52.9	53.9	62.0	58.4	64.8	67.7	71.5
Heroin/morphine.....	16.0	21.2	27.6	27.8	30.4	31.4	30.3	32.3
Acetaminophen.....	13.6	13.8	14.9	16.8	15.7	16.3	14.9	13.4
Aspirin.....	9.7	8.3	8.3	8.4	7.2	6.7	6.1	6.4
Ibuprofen.....	6.9	7.2	7.7	8.3	9.1	7.2	7.2	7.1
Alprazolam.....	7.2	7.3	7.4	7.5	7.3	7.1	7.3	7.4
Marijuana/hashish.....	7.3	10.6	12.6	17.5	19.5	22.9	27.2	31.9
Diazepam.....	6.5	6.2	5.4	5.9	6.1	5.8	5.6	5.3
Amitriptyline.....	3.9	4.5	4.3	4.9	3.8	3.8	3.5	2.8
Acetamin./codeine.....	3.2	3.1	3.3	3.0	2.9	2.5	2.8	2.1
OTC sleep aids.....	2.8	3.1	2.3	3.0	2.9	3.2	2.6	2.4
Lorazepam.....	3.1	3.9	4.5	5.3	4.8	4.3	4.5	4.3
d-Propoxyphene.....	3.5	2.9	3.5	3.2	3.0	2.9	3.2	2.9
Fluoxetine.....	3.1	3.7	3.3	4.0	4.1	4.1	4.4	4.1
Diphenhydramine.....	3.0	3.5	3.2	4.1	3.7	4.0	3.7	2.5
Methamphetamine/speed.....	2.2	2.9	4.3	7.7	6.8	4.7	7.2	4.8
Oxycodone.....	1.8	1.7	1.5	1.8	1.5	1.4	2.0	2.2
PCP/PCP combinations.....	1.5	2.3	2.9	2.6	2.7	1.7	1.8	1.7
Lithium carbonate.....	2.0	2.1	2.3	2.6	2.9	2.0	2.0	1.4
Clonazepam.....	2.9	3.6	4.4	5.3	5.5	5.7	6.1	7.2
Hydantoin.....	1.4	1.7	1.5	1.4	1.5	1.2	1.0	1.2
Hydrocodone.....	2.2	2.7	2.7	3.7	3.9	4.5	4.5	5.2
LSD.....	1.7	1.5	1.5	2.2	2.4	1.9	2.2	2.1
Triazolam.....	1.5	0.7	0.6	0.4	0.3	0.3	0.1	0.2
Phenobarbital.....	1.3	1.4	1.3	1.1	1.2	1.0	0.8	1.1
Doxepin.....	1.7	1.6	1.5	1.9	1.2	1.0	0.9	0.6
Cyclobenzaprine.....	1.4	1.2	1.2	1.4	1.3	1.5	1.5	1.2
Haloperidol.....	1.4	1.3	1.4	1.3	1.2	1.4	1.0	0.9
Amphetamine.....	1.0	1.6	2.4	4.2	4.0	4.0	4.3	4.9
Trazodone.....	1.9	2.0	2.5	3.2	4.1	3.9	3.7	4.0
Carisoprodol.....	1.9	2.6	2.9	2.9	3.3	3.1	2.6	3.5
Naproxen.....	1.5	1.2	1.4	1.9	2.3	1.9	2.2	2.3
Imipramine.....	1.5	1.9	1.4	1.2	1.1	0.8	0.6	0.3
Carbamazepine.....	1.5	1.5	2.1	1.7	1.6	1.6	1.5	1.3
Thioridazine.....	1.2	1.3	1.3	1.4	1.1	1.0	0.7	0.5
TOTAL ED VISITS**.....	37,573.7	37,944.8	38,274.9	38,923.9	38,059.9	38,756.1	37,712.6	37,252.9

** 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, 1999 (10/1999 update).

Table 31 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

DRUG EPISODES

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.	100	110	115	117	104	107	111	112	110	113	112	105
Atlanta.....	153	187	224	214	201	170	179	148	146	202	188	186
Baltimore.....	315	340	374	372	341	344	362	290	267	279	314	310
Boston.....	180	186	244	244	206	197	177	175	160	183	187	166
Buffalo.....	165	166	157	148	148	198	189	168	132	135	148	144
Chicago.....	174	177	204	206	178	191	217	221	241	219	226	211
Dallas.....	97	105	115	112	109	105	103	121	136	149	146	122
Denver.....	140	166	167	162	140	116	106	135	143	129	130	112
Detroit.....	245	227	193	257	194	255	244	223	195	199	210	190
Los Angeles - Long Beach.....	127	118	119	123	112	122	122	106	100	96	106	104
Miami - Hialeah.....	161	160	163	179	172	167	173	173	162	168	171	174
Minneapolis - St. Paul.....	106	103	100	97	91	103	106	110	103	95	89	98
New Orleans.....	175	203	209	226	279	248	250	220	219	231	193	189
New York.....	290	271	267	260	244	257	237	230	219	216	215	180
Newark.....	251	267	280	314	312	301	263	235	266	258	240	224
Philadelphia.....	210	185	206	227	221	230	237	245	251	268	258	258
Phoenix.....	142	163	189	212	188	192	180	186	177	184	162	195
St. Louis.....	87	129	137	134	112	130	136	121	120	121	120	124
San Diego.....	111	113	107	102	100	125	124	131	155	151	142	131
San Francisco.....	341	321	450	330	329	307	305	295	303	289	280	237
Seattle.....	199	269	276	242	215	233	217	269	288	241	192	201
Washington, DC.....	169	180	206	172	147	159	154	150	146	156	146	129
National Panel.....	67	79	81	83	72	74	80	83	81	85	84	79

* 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, 1999 (10/1999 update).

Table 32 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by year: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	176	191	201	225	221	219	222	225
Atlanta.....	267	338	295	411	416	349	294	390
Baltimore.....	500	593	610	715	712	705	556	592
Boston.....	276	365	359	430	449	375	335	370
Buffalo.....	188	220	279	323	296	387	300	283
Chicago.....	253	317	320	381	384	409	462	445
Dallas.....	191	176	203	220	221	208	257	295
Denver.....	234	247	252	333	302	222	278	259
Detroit.....	361	393	472	420	452	499	417	409
Los Angeles - Long Beach.....	219	246	255	237	235	245	205	202
Miami - Hialeah.....	266	264	310	323	351	340	336	339
Minneapolis - St. Paul.....	167	175	201	203	189	208	212	184
New Orleans.....	515	473	358	412	505	497	438	424
New York.....	474	568	566	538	504	494	448	432
Newark.....	500	519	540	547	626	564	500	497
Philadelphia.....	382	461	439	391	448	467	496	526
Phoenix.....	310	317	304	351	400	372	363	346
St. Louis.....	208	197	178	265	246	266	241	240
San Diego.....	227	269	232	220	201	249	286	293
San Francisco.....	788	705	775	771	659	612	598	569
Seattle.....	264	342	396	545	457	450	556	433
Washington, DC.....	296	296	338	386	319	313	295	303
National Panel.....	119	125	135	160	155	154	164	170

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, 1999 (10/1999 update).

Table 33 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

DRUG MENTIONS

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.	175	191	200	203	184	189	197	200	197	205	203	191
Atlanta.....	291	359	452	433	406	340	370	300	296	388	348	352
Baltimore.....	545	579	633	633	577	574	621	502	461	470	545	545
Boston.....	328	340	457	455	387	365	325	323	291	332	342	299
Buffalo.....	282	277	282	263	269	372	350	316	248	248	273	258
Chicago.....	304	308	353	362	313	343	394	417	451	405	417	385
Dallas.....	177	191	209	205	203	199	185	224	250	280	270	230
Denver.....	231	283	275	294	246	199	184	236	247	225	230	191
Detroit.....	458	410	343	473	356	481	454	409	361	376	387	361
Los Angeles - Long Beach.....	218	203	206	212	196	208	217	185	170	163	190	186
Miami - Hialeah.....	250	257	261	282	269	263	273	283	265	279	288	293
Minneapolis - St. Paul.....	201	204	194	188	176	198	197	209	191	181	163	182
New Orleans.....	350	399	423	435	523	469	471	403	415	430	374	371
New York.....	418	400	401	389	383	413	389	370	359	346	351	296
Newark.....	437	471	492	550	561	568	458	397	449	439	405	381
Philadelphia.....	362	329	371	410	398	414	424	450	465	489	474	477
Phoenix.....	245	273	318	357	311	328	299	316	312	314	288	336
St. Louis.....	145	239	246	248	203	234	241	212	227	224	226	231
San Diego.....	187	196	183	181	172	217	219	233	270	266	245	226
San Francisco.....	515	493	658	508	500	457	455	421	436	402	384	329
Seattle.....	328	459	472	405	353	378	351	459	498	406	318	326
Washington, DC.....	300	321	366	294	243	266	263	251	249	257	241	215
National Panel.....	120	139	142	146	130	130	143	151	148	159	157	146

* 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, 1999 (10/1999 update).

Table 34 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by year: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.	301	332	348	391	387	386	397	408
Atlanta.....	516	683	564	811	839	710	596	736
Baltimore.....	834	1,044	1,050	1,212	1,210	1,194	963	1,016
Boston.....	499	650	655	797	842	690	614	674
Buffalo.....	304	364	485	559	532	721	564	520
Chicago.....	426	550	559	661	675	737	868	822
Dallas.....	339	312	370	399	408	384	474	550
Denver.....	407	427	424	558	539	383	483	455
Detroit.....	614	707	880	753	828	935	770	763
Los Angeles - Long Beach.....	381	421	440	409	407	425	355	353
Miami - Hialeah.....	437	439	483	518	551	536	548	567
Minneapolis - St. Paul.....	314	346	387	397	363	395	400	344
New Orleans.....	882	873	719	822	958	939	818	804
New York.....	671	832	820	801	771	802	728	697
Newark.....	902	880	933	963	1,112	1,026	846	844
Philadelphia.....	608	803	776	700	807	838	916	963
Phoenix.....	519	523	514	591	668	627	627	602
St. Louis.....	365	340	301	484	451	475	439	450
San Diego.....	396	454	395	379	353	436	503	511
San Francisco.....	1,159	1,028	1,155	1,152	1,008	912	856	786
Seattle.....	445	571	661	931	757	729	957	724
Washington, DC.....	511	508	594	687	537	529	501	498
National Panel.....	212	224	239	282	276	273	299	316

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, 1999 (10/1999 update).

Table 35 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

COCAINE

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.	27	30	32	32	27	31	34	33	35	36	36	32
Atlanta.....	88	102	133	128	117	100	102	82	74	114	104	92
Baltimore.....	177	194	206	210	174	178	198	141	132	137	159	150
Boston.....	53	55	78	83	65	60	54	46	46	56	67	50
Buffalo.....	62	62	71	67	79	118	120	95	68	65	65	54
Chicago.....	87	86	105	106	82	100	120	122	125	117	114	104
Dallas.....	29	30	31	32	30	29	29	34	40	52	54	41
Denver.....	40	47	40	43	32	26	26	32	37	32	41	32
Detroit.....	118	113	83	132	81	126	124	107	85	98	104	87
Los Angeles - Long Beach.....	33	31	31	33	28	33	36	28	29	31	37	34
Miami - Hialeah.....	77	73	79	85	83	81	87	88	86	94	94	97
Minneapolis - St. Paul.....	11	11	14	10	10	13	16	15	16	17	16	17
New Orleans.....	76	84	80	74	99	92	110	99	100	109	91	88
New York.....	132	126	126	123	121	136	128	124	120	120	114	90
Newark.....	108	117	130	134	135	135	117	92	109	106	102	87
Philadelphia.....	106	90	96	107	101	107	118	116	124	140	135	130
Phoenix.....	18	26	29	34	25	33	37	34	33	37	36	40
St. Louis.....	27	51	52	48	32	38	42	30	33	43	44	47
San Diego.....	19	17	12	14	14	17	21	17	19	19	21	17
San Francisco.....	91	85	120	84	82	74	74	63	63	57	58	41
Seattle.....	50	75	82	65	51	60	54	67	83	66	59	56
Washington, DC.....	59	59	73	55	41	52	51	42	43	50	48	37
National Panel.....	9	12	13	12	10	11	16	17	19	19	19	17

* 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, 1999 (10/1999 update).

Table 36 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by year: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.	45	53	54	62	58	65	68	72
Atlanta.....	127	198	167	234	245	202	156	218
Baltimore.....	310	370	346	400	384	376	273	296
Boston.....	87	122	111	133	147	114	91	123
Buffalo.....	53	72	108	133	146	238	163	129
Chicago.....	102	148	154	192	188	220	247	232
Dallas.....	57	53	58	61	62	58	74	106
Denver.....	48	56	65	86	75	53	69	73
Detroit.....	149	173	222	195	212	250	192	202
Los Angeles - Long Beach.....	62	67	66	62	61	69	56	68
Miami - Hialeah.....	104	109	148	151	168	168	174	187
Minneapolis - St. Paul.....	18	20	20	25	20	29	31	33
New Orleans.....	312	252	147	164	174	203	199	199
New York.....	206	259	265	252	244	264	244	233
Newark.....	241	238	224	246	268	253	201	208
Philadelphia.....	199	246	221	186	208	224	239	275
Phoenix.....	42	47	43	55	59	69	66	73
St. Louis.....	64	65	54	102	80	80	64	87
San Diego.....	38	51	38	29	28	39	36	41
San Francisco.....	206	184	200	205	166	149	126	116
Seattle.....	63	80	96	157	116	114	150	125
Washington, DC.....	128	117	117	132	96	104	85	97
National Panel.....	14	16	18	26	21	27	37	38

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, 1999 (10/1999 update).

Table 37 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

HEROIN/MORPHINE

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.	14	13	15	15	15	15	16	15	15	16	16	16
Atlanta.....	6	8	10	8	8	8	7	7	8	8	9	8
Baltimore.....	145	153	185	189	178	175	183	133	124	131	159	152
Boston.....	32	27	45	45	38	37	39	35	34	37	38	37
Buffalo.....	21	16	24	17	25	24	24	22	28	24	33	27
Chicago.....	37	41	44	40	44	46	63	68	80	77	82	79
Dallas.....	7	5	5	6	5	7	8	11	11	11	10	9
Denver.....	12	15	18	15	16	13	9	12	18	16	16	14
Detroit.....	31	28	24	33	26	39	38	38	35	34	34	30
Los Angeles - Long Beach.....	23	18	18	17	20	21	19	16	14	15	17	15
Miami - Hialeah.....	8	7	7	10	9	9	12	15	17	19	21	24
Minneapolis - St. Paul.....	3	2	2	2	3	2	3	4	4	4	4	4
New Orleans.....	7	7	10	9	14	12	15	19	18	22	22	23
New York.....	78	70	70	66	67	70	67	59	55	55	55	50
Newark.....	123	125	137	156	172	170	137	105	141	144	139	124
Philadelphia.....	25	23	31	41	44	42	43	37	44	35	40	41
Phoenix.....	12	13	12	12	13	15	17	21	21	23	21	19
St. Louis.....	4	10	8	9	8	11	11	11	9	13	14	16
San Diego.....	19	16	14	13	17	24	18	18	22	21	22	21
San Francisco.....	110	100	133	98	106	102	101	91	84	84	65	72
Seattle.....	46	54	59	51	58	66	63	74	80	67	60	61
Washington, DC.....	17	14	21	18	17	19	22	22	23	28	28	22
National Panel.....	5	4	5	6	5	5	6	6	6	7	6	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.

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, 1999 (10/1999 update).

Table 38 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by year: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	16	21	28	28	30	31	30	32
Atlanta.....	6	9	10	17	16	15	15	18
Baltimore.....	180	234	259	338	367	358	256	290
Boston.....	34	59	66	71	83	76	69	75
Buffalo.....	18	19	31	39	42	48	50	57
Chicago.....	41	53	64	85	83	109	148	159
Dallas.....	10	12	13	10	12	15	21	21
Denver.....	7	8	18	33	31	22	31	32
Detroit.....	46	46	59	52	58	77	72	68
Los Angeles - Long Beach.....	21	37	46	36	38	40	30	31
Miami - Hialeah.....	8	10	14	15	18	21	32	41
Minneapolis - St. Paul.....	3	4	6	3	5	6	7	8
New Orleans.....	20	13	12	17	24	26	36	44
New York.....	77	106	142	140	133	136	115	110
Newark.....	140	170	265	262	328	307	246	282
Philadelphia.....	55	53	55	54	85	85	82	76
Phoenix.....	18	17	25	25	25	32	41	44
St. Louis.....	8	9	10	18	17	22	20	27
San Diego.....	34	45	37	30	30	42	39	42
San Francisco.....	211	208	243	233	204	203	175	150
Seattle.....	44	61	94	113	109	130	154	127
Washington, DC.....	41	42	39	34	35	41	45	55
National Panel.....	4	7	10	9	11	11	11	13

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, 1999 (10/1999 update).

Table 39 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

MARIJUANA/HASHISH

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.	7	8	9	11	9	11	12	14	14	16	16	16
Atlanta.....	17	24	34	31	31	26	32	28	30	51	44	45
Baltimore.....	14	17	18	18	25	22	30	30	31	31	34	35
Boston.....	18	23	30	36	31	30	29	25	23	40	38	28
Buffalo.....	10	12	13	11	21	29	26	29	21	22	26	24
Chicago.....	14	18	22	27	24	29	33	36	41	44	41	39
Dallas.....	7	10	10	11	13	12	11	18	20	31	31	25
Denver.....	8	14	13	21	12	10	9	14	19	19	18	16
Detroit.....	38	37	33	51	43	54	47	44	45	48	53	53
Los Angeles - Long Beach.....	10	11	9	11	10	13	13	13	12	16	25	28
Miami - Hialeah.....	14	18	22	26	27	27	28	30	25	30	29	29
Minneapolis - St. Paul.....	10	11	10	10	10	12	11	13	13	10	11	13
New Orleans.....	30	40	37	37	51	48	58	54	60	60	40	44
New York.....	14	15	18	19	18	21	23	24	23	24	20	22
Newark.....	13	16	21	24	19	20	16	14	14	15	15	17
Philadelphia.....	19	21	25	34	33	37	38	46	51	60	52	59
Phoenix.....	5	8	15	14	10	17	14	18	19	19	17	26
St. Louis.....	3	...	20	23	15	18	22	22	25	29	27	36
San Diego.....	9	12	10	10	11	12	15	19	22	26	22	17
San Francisco.....	15	15	16	17	16	15	12	12	12	13	12	9
Seattle.....	11	21	26	29	25	26	22	41	47	30	19	21
Washington, DC.....	30	33	41	30	25	29	29	31	32	29	32	32
National Panel.....	3	4	5	5	4	5	7	9	8	10	11	10

* 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, 1999 (10/1999 update).

Table 40 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by year: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.....	7	11	13	18	20	23	27	32
Atlanta.....	24	37	32	58	63	58	58	96
Baltimore.....	16	31	28	35	42	53	61	65
Boston.....	18	29	34	53	67	59	48	79
Buffalo.....	6	7	15	25	32	55	50	48
Chicago.....	15	27	24	39	51	61	76	85
Dallas.....	11	15	16	20	24	23	38	62
Denver.....	12	16	14	27	33	19	32	37
Detroit.....	20	37	67	70	94	101	89	102
Los Angeles - Long Beach.....	13	17	22	20	21	26	25	41
Miami - Hialeah.....	25	20	26	39	53	55	55	59
Minneapolis - St. Paul.....	6	12	17	21	20	23	26	21
New Orleans.....	43	43	53	77	88	106	113	100
New York.....	15	25	26	32	37	44	46	44
Newark.....	...	24	26	37	43	36	28	30
Philadelphia.....	16	37	43	46	67	74	97	112
Phoenix.....	7	9	12	23	24	31	37	36
St. Louis.....	9	10	7	40	37	40	47	56
San Diego.....	13	18	21	22	21	27	41	47
San Francisco.....	21	19	30	31	33	27	25	25
Seattle.....	16	19	22	47	53	48	87	49
Washington, DC.....	27	35	58	74	55	58	63	62
National Panel.....	4	5	6	9	9	13	17	20

... 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, 1999 (10/1999 update).

Table 41 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

METHAMPHETAMINE/SPEED

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.	3	3	4	4	3	2	3	4	4	3	2	2
Atlanta.....	2	2	2	2	3	2	4	3	5	3	2	1
Baltimore.....	0	0	0	0	0	0	0	0	0	...	0	0
Boston.....	...	0	0	...	0	...	...	0	0	0	0	0
Buffalo.....	1	1	0	0	...	1	0	1	...	0	1	1
Chicago.....	0	0	0	1	0	0	0	0	0	0	0	0
Dallas.....	...	3	4	5	3	2	3	3	3	5	3	2
Denver.....	2	4	6	7	5	3	4	10	9	4	3	2
Detroit.....	0	0	...	...	...	0	...	...	0	0	0	0
Los Angeles - Long Beach.....	8	8	9	10	6	7	8	7	8	5	4	4
Miami - Hialeah.....	0	0	0	0	0	0	0	0	0	0	1	...
Minneapolis - St. Paul.....	1	2	1	3	2	2	3	5	...	3	2	2
New Orleans.....	1	0	1	1	1	1	1	1	1	1	1	1
New York.....	...	0	0	0	...	0	0	0	...	0	0	0
Newark.....	0	...	...	...	0	0	...	0	...	...	...	0
Philadelphia.....	1	1	1	1	1	0	1	1	1	0	1	0
Phoenix.....	13	19	22	23	16	20	16	23	17	14	7	8
St. Louis.....	1	1	1	3	1	...	1	1	2	1	...	2
San Diego.....	22	21	19	18	12	12	16	18	24	18	13	11
San Francisco.....	30	31	51	40	31	26	34	31	33	24	15	14
Seattle.....	5	7	9	10	4	4	7	11	14	8	6	8
Washington, DC.....	...	0	1	...	0	...	0	...	...	0	0	...
National Panel.....	2	3	4	4	3	1	3	3	4	3	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.

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, 1999 (10/1999 update).

Table 42 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by year: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.	2	3	4	8	7	5	7	5
Atlanta.....	2	1	2	4	6	5	8	6
Baltimore.....	0	0	0	0	0	0	0	0
Boston.....	0	0	0	0	0	...	0	0
Buffalo.....	1	0	1	1	1	1	1	1
Chicago.....	0	0	0	0	1	1	1	1
Dallas.....	4	3	3	7	9	5	7	8
Denver.....	3	2	4	10	12	7	19	8
Detroit.....	1	0	1	0	0	...	...	0
Los Angeles - Long Beach.....	6	10	15	17	16	15	15	9
Miami - Hialeah.....	0	0	0	0	0	1	1	1
Minneapolis - St. Paul.....	1	2	2	3	4	5	9	5
New Orleans.....	4	2	1	1	2	2	2	2
New York.....	0	0	0	0	0	0	0	0
Newark.....	0	1	0	...	...	...	...	...
Philadelphia.....	2	3	2	2	2	1	2	1
Phoenix.....	9	15	25	42	39	36	40	22
St. Louis.....	1	1	1	2	3	2	3	3
San Diego.....	23	41	41	40	30	29	41	30
San Francisco.....	57	46	65	82	72	60	64	39
Seattle.....	5	6	10	16	14	10	25	14
Washington, DC.....	1	0	1	1	1	0	...	0
National Panel.....	1	2	3	7	7	4	7	5

... 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, 1999 (10/1999 update).

Table 43 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by half year: Second half 1993 - first half 1999

TOTAL ED VISITS**

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.....	19,226	19,358	19,566	18,975	19,085	19,323	19,432	18,691	19,020	18,460	18,792	18,861
Atlanta.....	20,941	20,599	22,258	20,523	21,915	21,028	20,769	18,710	19,595	18,638	18,914	19,654
Baltimore.....	18,936	18,427	18,756	18,530	18,835	18,999	19,153	18,966	19,134	20,035	20,128	20,536
Boston.....	25,016	23,166	24,226	22,348	22,423	23,143	24,265	21,517	21,412	20,905	21,224	21,705
Buffalo.....	18,622	17,473	18,284	16,356	16,421	15,715	16,002	14,096	14,498	13,460	15,166	14,198
Chicago.....	18,477	18,907	19,127	19,247	19,664	19,081	19,189	18,447	19,298	17,863	18,499	18,203
Dallas.....	17,390	17,493	17,757	17,608	18,014	17,478	17,455	18,636	18,080	18,994	18,483	18,747
Denver.....	16,087	14,822	14,881	14,951	15,476	14,967	13,962	13,875	14,241	13,479	13,518	13,998
Detroit.....	19,589	17,750	17,404	18,264	18,402	17,928	18,884	17,320	17,006	16,997	17,209	17,116
Los Angeles - Long Beach.....	14,843	14,282	14,939	13,619	13,654	14,243	13,931	12,791	13,888	12,138	13,174	11,972
Miami - Hialeah.....	15,796	16,982	16,541	16,955	17,034	17,221	16,909	17,590	18,056	18,745	18,181	17,690
Minneapolis - St. Paul.....	14,229	12,029	12,642	14,671	15,058	14,939	14,827	14,347	14,783	13,963	13,955	13,865
New Orleans.....	22,940	24,445	24,719	24,773	24,708	25,349	25,960	24,074	24,405	24,108	22,719	24,051
New York.....	20,004	20,537	21,332	19,800	19,668	22,413	21,854	21,014	20,450	20,025	21,416	20,502
Newark.....	19,144	19,358	20,173	20,059	20,387	18,969	19,776	18,136	18,394	18,942	19,794	19,915
Philadelphia.....	19,545	17,785	17,930	18,133	18,060	17,791	17,994	17,280	17,697	17,481	18,201	18,106
Phoenix.....	15,614	16,492	16,448	17,664	17,765	19,294	17,314	17,270	16,889	18,253	16,852	18,986
St. Louis.....	20,028	20,269	20,020	19,187	18,614	19,184	18,668	17,433	18,342	17,774	16,653	17,042
San Diego.....	13,125	11,516	11,115	10,534	11,210	12,488	12,110	12,362	12,445	12,516	13,089	12,825
San Francisco.....	18,422	18,855	18,991	15,482	15,730	16,199	15,531	15,182	15,220	16,108	16,094	16,201
Seattle.....	18,138	19,197	18,855	14,984	15,578	16,465	15,329	14,919	15,656	14,527	14,062	14,406
Washington, DC.....	16,036	16,046	16,508	15,743	15,980	14,326	14,741	14,179	14,237	14,459	14,566	14,442
National Panel.....	19,609	19,936	20,077	19,514	19,591	19,800	19,984	19,287	19,637	19,025	19,340	19,490

* 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, 1999 (10/1999 update).

Table 44 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by year: 1991-1998

TOTAL ED VISITS**

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.	37,574	37,945	38,275	38,924	38,060	38,756	37,713	37,253
Atlanta.....	41,319	40,371	41,852	42,862	42,441	41,796	38,307	37,552
Baltimore.....	37,172	36,178	37,448	37,184	37,365	38,153	38,101	40,163
Boston.....	48,702	50,120	49,521	47,395	44,772	47,412	42,929	42,130
Buffalo.....	37,982	38,800	36,905	35,759	32,776	31,718	28,595	28,630
Chicago.....	38,181	39,567	36,707	38,034	38,911	38,270	37,747	36,363
Dallas.....	31,570	32,761	34,123	35,251	35,623	34,933	36,715	37,476
Denver.....	29,052	31,604	32,356	29,703	30,429	28,926	28,117	26,998
Detroit.....	38,328	37,550	38,616	35,153	36,666	36,815	34,325	34,207
Los Angeles - Long Beach.....	29,015	28,649	29,890	29,223	27,273	28,173	26,682	25,315
Miami - Hialeah.....	32,574	31,704	31,715	33,521	33,990	34,129	35,648	36,924
Minneapolis - St. Paul.....	29,580	27,799	27,854	24,673	29,731	29,766	29,131	27,917
New Orleans.....	45,225	46,057	46,757	49,165	49,481	51,311	48,480	46,823
New York.....	41,282	40,988	40,263	41,871	39,468	44,265	41,462	41,445
Newark.....	38,178	36,586	39,264	39,533	40,447	38,747	36,530	38,739
Philadelphia.....	38,991	40,960	38,868	35,715	36,193	35,786	34,979	35,685
Phoenix.....	31,496	32,707	33,100	32,940	35,430	36,602	34,158	35,101
St. Louis.....	38,980	35,247	39,501	40,288	37,800	37,850	35,778	34,424
San Diego.....	27,247	27,112	27,002	22,629	21,745	24,597	24,807	25,607
San Francisco.....	37,542	36,134	38,788	37,846	31,213	31,728	30,402	32,202
Seattle.....	35,475	35,950	37,969	38,051	30,563	31,790	30,577	28,588
Washington, DC.....	30,818	29,042	31,673	32,555	31,723	29,068	28,416	29,025
National Panel.....	38,079	38,627	38,943	40,014	39,105	39,784	38,926	38,366

** 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, 1999 (10/1999 update).

Table 45 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: Second half 1993 - first half 1999

DRUG EPISODES

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.**	100	110	115	117	104	107	111	112	110	113	112	105
AGE												
6-34.....	131	147	154	153	134	139	142	144	140	143	136	127
12-17.....	109	147	133	148	127	150	136	147	125	142	116	118
18-25.....	175	194	208	196	179	174	184	192	189	184	189	175
26-34.....	188	198	218	217	186	194	202	198	202	206	200	180
35+.....	73	76	80	85	78	80	85	84	84	89	92	87
GENDER												
Male.....	107	114	123	121	107	109	118	119	116	122	120	112
Female.....	92	105	105	110	99	104	103	103	102	103	103	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.

*** 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, 1999 (10/1999 update).

Table 46 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: 1991-1998

DRUG EPISODES

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	176	191	201	225	221	219	222	225
AGE								
6-34.....	241	256	266	300	287	281	284	279
12-17.....	236	228	238	280	275	286	272	258
18-25.....	327	345	356	402	375	358	381	372
26-34.....	317	353	371	416	403	396	400	406
35+.....	113	131	142	156	162	165	168	181
GENDER								
Male.....	175	201	209	237	228	227	235	242
Female.....	173	179	190	210	210	207	205	206

*** 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, 1999 (10/1999 update).

Table 47 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: Second half 1993 - first half 1999

DRUG MENTIONS												
	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.***	175	191	200	203	184	189	197	200	197	205	203	191
AGE												
6-34.....	225	252	261	261	232	239	247	251	248	253	243	226
12-17.....	172	230	203	230	192	225	207	233	203	227	190	184
18-25.....	303	332	353	334	311	296	327	337	339	331	333	315
26-34.....	332	356	385	385	341	356	370	359	369	379	371	337
35+.....	129	134	145	152	142	146	154	155	154	165	170	162
GENDER												
Male.....	185	201	215	214	190	194	212	213	210	223	220	204
Female.....	162	178	182	189	174	180	179	184	182	184	185	175

* 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, 1999 (10/1999 update).

Table 48 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: 1991-1998

DRUG MENTIONS

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	301	332	348	391	387	386	397	408
AGE								
6-34.....	405	439	454	513	493	486	500	495
12-17.....	361	356	367	433	422	432	436	416
18-25.....	541	598	606	685	645	623	676	664
26-34.....	559	622	659	740	727	726	728	749
35+.....	202	232	250	279	294	299	309	335
GENDER								
Male.....	302	350	361	416	405	407	423	443
Female.....	296	309	329	360	364	358	366	369

*** 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, 1999 (10/1999 update).

Table 49 - Estimated rate of emergency department cocaine mentions, per 100,000 population by age, gender: Second half 1993 - first half 1999

COCAINE												
	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.**	27	30	32	32	27	31	34	33	35	36	36	32
AGE												
6-34.....	35	39	43	40	32	37	40	39	41	41	40	35
12-17.....	5	5	4	5	4	6	6	9	7	10	9	6
18-25.....	40	42	49	42	34	37	43	45	47	43	45	41
26-34.....	70	80	87	85	69	80	87	80	85	88	86	76
35+.....	20	22	23	24	22	25	29	28	29	31	32	29
GENDER												
Male.....	38	41	45	43	37	41	48	45	47	48	49	42
Female.....	17	19	19	20	17	20	21	21	22	24	23	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, 1999 (10/1999 update).

Table 50 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: 1991-1998

COCAINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	45	53	54	62	58	65	68	72
AGE								
6-34.....	65	72	71	81	72	77	80	81
12-17.....	11	8	8	10	9	12	16	19
18-25.....	77	86	80	91	76	80	92	88
26-34.....	121	139	141	166	154	167	165	173
35+.....	27	35	39	44	46	54	57	63
GENDER								
Male.....	62	74	75	87	80	89	92	97
Female.....	29	33	34	38	37	41	44	47

*** 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, 1999 (10/1999 update).

Table 51 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: Second half 1993 - first half 1999

HEROIN/MORPHINE												
	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.**	14	13	15	15	15	15	16	15	15	16	16	16
AGE												
6-34.....	14	13	15	15	15	14	15	15	15	16	16	15
12-17.....	1	...	1	1	1	1	2	2	4	2	2	2
18-25.....	15	14	16	15	16	16	18	18	18	20	22	26
26-34.....	28	27	32	33	31	30	32	30	30	33	30	27
35+.....	14	13	14	16	16	16	17	15	16	16	17	16
GENDER												
Male.....	21	18	21	22	22	21	23	21	21	23	23	22
Female.....	8	8	9	9	9	9	10	9	10	10	10	10

* 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, 1999 (10/1999 update).

Table 52 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: 1991-1998

HEROIN/MORPHINE

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.**	16	21	28	28	30	31	30	32
AGE								
6-34.....	17	21	27	28	30	30	30	31
12-17.....	1	1	1	2	2	3	6	4
18-25.....	17	21	29	30	31	34	36	41
26-34.....	35	43	57	60	64	63	59	63
35+.....	15	22	28	27	31	33	31	33
GENDER								
Male.....	22	32	40	40	44	44	42	45
Female.....	10	11	15	16	17	19	19	20

*** 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, 1999 (10/1999 update).

Table 53 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: Second half 1993 - first half 1999

MARIJUANA/HASHISH

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.**	7	8	9	11	9	11	12	14	14	16	16	16
AGE												
6-34.....	11	14	16	17	15	18	21	22	22	26	26	26
12-17.....	11	15	15	18	18	20	25	26	23	32	25	26
18-25.....	19	23	27	28	26	26	31	36	34	39	43	43
26-34.....	12	14	17	19	16	21	23	22	27	28	30	29
35+.....	3	3	3	4	4	5	5	7	6	8	8	8
GENDER												
Male.....	10	12	13	15	13	15	18	19	19	22	22	22
Female.....	4	5	5	6	5	7	7	8	9	10	10	11

* 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, 1999 (10/1999 update).

Table 54 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: 1991-1998

MARIJUANA/HASHISH

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.***	7	11	13	18	20	23	27	32
AGE								
6-34.....	12	18	21	29	33	38	44	52
12-17.....	11	15	20	30	36	45	49	57
18-25.....	20	30	35	50	54	57	71	83
26-34.....	14	21	25	32	35	44	49	58
35+.....	3	4	5	7	8	10	13	16
GENDER								
Male.....	11	16	18	25	28	32	38	44
Female.....	4	6	7	10	11	14	17	20

*** 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, 1999 (10/1999 update).

Table 55 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: Second half 1993 - first half 1999

METHAMPHETAMINE/SPEED

	Jul - Dec 1993	Jan - Jun 1994	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 *
TOTAL U.S.**	3	3	4	4	3	2	3	4	4	3	2	2
AGE												
6-34.....	4	6	7	7	4	3	4	5	6	4	3	3
12-17.....	2	4	5	5	2	1	3	...	4	4	...	1
18-25.....	6	8	11	10	7	6	7	8	9	7	6	6
26-34.....	6	8	8	9	6	4	5	8	9	6	5	5
35+.....	1	1	2	2	1	1	2	2	2	2	1	1
GENDER												
Male.....	4	5	6	6	4	2	4	5	5	4	2	2
Female.....	2	2	3	3	2	1	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, 1999 (10/1999 update).

Table 56 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: 1991-1998

METHAMPHETAMINE/SPEED

	Total 1991	Total 1992	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998
TOTAL U.S.***	2	3	4	8	7	5	7	5
AGE								
6-34.....	3	5	7	12	11	7	12	8
12-17.....	2	3	3	9	7	5	8	5
18-25.....	5	6	12	20	17	14	17	13
26-34.....	5	7	10	16	15	9	17	11
35+.....	1	1	2	4	3	3	4	2
GENDER								
Male.....	3	4	6	10	9	6	10	6
Female.....	2	2	3	5	5	3	5	4

*** 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, 1999 (10/1999 update).