NCJRS

153635

MAR 29 1995

ACQUISITIONS



Substance Abuse and Mental Health Services Administration
Office of Applied Studies

**Advance Report Number 8** 

December 1994

# PRELIMINARY ESTIMATES FROM THE DRUG ABUSE WARNING NETWORK

1993 Preliminary Estimates of Drug-Related Emergency Department Episodes

U.S. Department of Health and Human Services
Public Health Service

#### **ACKNOWLEDGEMENTS**

This report was prepared by Linda McCaig of the Substance Abuse and Mental Health Services Administration, Office of Applied Studies (SAMHSA/OAS). Tables were produced by Frederick Stinson, Richard Gruberg, and Mory Esfandiari of CSR, Inc. The report was reviewed by Janie Dargan, Acting Chief of the Services Statistics Branch, OAS, Joseph Gfroerer, Chief of the Prevalence Branch, OAS, James Kaple, Ph.D., Senior Advisor, OAS, and Daniel Melnick, Ph.D., Acting Director, OAS.

December 1994

Contact:

SAMHSA, Office of Applied Studies Parklawn Building, Room 16C-18 5600 Fishers Lane Rockville, MD 20857 (301) 443-5327

153635

#### U.S. Department of Justice National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this material has been granted by Public Domain/U.S. Dept of Health and Human Services

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the

# **Table of Contents**

Highlights	2
Introduction	5
Annual Trends in Total Drug-Related Episodes	8
Annual Trends in Heroin-Related Episodes	12
Annual Trends in Cocaine-Related Episodes	17
Annual Trends in Other Illicit Drug-Related Episodes	21
Annual Trends in Prescription and Over-the-Counter Drug-Related Episodes	22
1992 Age-, Race/Ethnicity-, and Sex-Specific Emergency Department Rates	26
Annual Trends in Selected Metropolitan Areas	29
Discussion of Results	35
Appendices:	
Appendix 1: Description of the Drug Abuse Warning Network	38 43 47

# **HIGHLIGHTS**

The Drug Abuse Warning Network (DAWN) is a national probability survey conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data on drug-related emergency department visits. This report presents data from the DAWN survey on the estimated number of episodes in which a hospital emergency department visit was directly related to the use of an illegal drug or the non-medical use of a legal drug. Preliminary estimates for 1993 are compared with data from previous years.

The major DAWN findings are:

#### Heroin

Heroin-related episodes have been increasing steadily since the early 1980's and, in 1993, were at their highest level. Heroin-related episodes rose from 48,000 to 63,000 between 1992 and 1993, an increase of 31 percent, however, from 1988 through 1993, there was a 65 percent increase (from 38,100 to 63,000).

- Heroin-related episodes increased by 34 percent (from 19,300 to 25,800) among persons aged 35-44 years between 1992 and 1993, however, heroin-related episodes in this age group have more than doubled since 1988.
- Between 1992 and 1993, increases were seen among all racial and ethnic groups and in every adult age group, except in persons aged 55 years and older.
- Heroin-related episodes where "sniffed, snorted" was recorded as the route of administration composed 20 percent of the increase in heroinrelated episodes from 1988 through 1993.

#### Cocaine

The upward trend in cocaine-related episodes appears to have reached a plateau; however, in 1993, they were at their highest level. An estimated 123,300 cocaine-related episodes were reported in 1993, about the same as 1992 (119,800).

Cocaine-related episodes increased by 12 percent (from 33,400 to 37,500) among persons aged 35-44 years between 1992 and 1993, however, cocaine-related episodes in this age group have more than doubled since 1988.

# **Total Drugs**

The 1993 estimates of total drug-related hospital emergency department episodes continued an upward trend begun in 1991.

- In 1993, there were 466,900 drug-related hospital emergency department episodes representing an increase of 8 percent from the 1992 estimate (433,500).
- Approximately 45 percent of the increase in total drug-related episodes between 1992 and 1993 was accounted for by the increase in heroin.
- "Suicide attempt or gesture" (184,400) was the most commonly reported motive for taking a substance and comprised 39 percent of all drug-related episodes in 1993. The most frequently recorded reason for a drug-related emergency department visit was "overdose" (249,100).

# Marijuana

Marijuana/hashish-related episodes rose from 24,000 in 1992 to 29,200 in 1993, a 22 percent increase.

# **1992 Emergency Department Rates**

For the first time, we report the results of an analysis which uses data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) and controls for different patterns of emergency department use. NHAMCS was conducted for the first time in 1992 by the National Center for Health Statistics of the Centers for Disease Control and Prevention.

#### Heroin

- Persons aged 35-44 years had 167 heroin-related episodes per 100,000 emergency department visits compared with 45 for those aged 18-25 years.
- Blacks had 139 heroin-related episodes per 100,000 emergency department visits compared with 33 for whites. There was no statistically significant difference between the heroin-related episode rates for blacks and Hispanics (120 per 100,000 emergency department visits).
- Men had 97 heroin-related episodes per 100,000 emergency department visits compared with 32 for women.

#### Cocaine

- Persons aged 26-34 years had 373 cocaine-related episodes per 100,000 emergency department visits compared with 185 for those aged 18-25 years.
- Blacks had 516 cocaine-related episodes per 100,000 emergency department visits compared with 167 for Hispanics and 59 for whites.
- Men had 225 cocaine-related episodes per 100,000 emergency department visits compared with 95 for women.

## **Total Drugs**

- Persons aged 26-34 years and 35-44 years both had 944 drug-related episodes per 100,000 emergency department visits compared with 745 for persons aged 18-25 years.
- Blacks had 918 drug-related episodes per 100,000 emergency department visits compared with 595 for Hispanics and 437 for whites.
- There was no statistically significant difference between the drugrelated episode rate for men (613 per 100,000 emergency department visits) and women (522 per 100,000 emergency department visits).

#### INTRODUCTION

This report contains preliminary annual and semi-annual data for 1993 and final annual and semi-annual estimates of drug-related emergency department episodes for 1988 through 1992, from the Drug Abuse Warning Network (DAWN), an ongoing national survey of hospital emergency departments.

Since the early 1970's, DAWN has collected information on patients seeking hospital emergency department treatment related to their use of an illegal drug or the non-medical use of a legal drug. The survey provides data that describe the impact of drug use on hospital emergency departments in the United States. Data are collected by trained reporters (nurses and other hospital personnel) who review medical charts for indications--noted by hospital staff who treated the patients-that drug use was the reason for the emergency department visit. Thus, the accuracy of these reports depends on the careful recording of this information by hospital staff.

To be included in DAWN, the person presenting to the emergency department must be aged 6 years and older and meet all four of the following criteria:

- the patient was treated in the hospital's emergency department;
- the patient's presenting problem(s) was induced by or related to drug use, regardless of when the drug ingestion occurred;
- the case involved the nonmedical use of a legal drug or any use of an illegal drug;
- the patient's reason for taking the substance(s) included one of the following: (1) dependence, (2) suicide attempt or gesture, or (3) psychic effects.

Hospitals eligible for DAWN are non-Federal, short-stay general hospitals that have a 24-hour emergency department. Since 1988, the DAWN emergency department data have been collected from a representative sample of these hospitals located throughout the coterminous United States, including 21 oversampled metropolitan areas. The data from this sample are used to generate estimates of the total number of emergency department drug episodes and drug mentions in all such hospitals. A methodology was developed for generating comparable estimates for the years 1978 through 1987, taking advantage of historical data available on the characteristics of the universe of eligible hospitals and the extensive data files of drug-related episodes compiled over the years by DAWN. These estimates are useful in providing a context for the analysis of recent trends in drug-related emergency department episodes.

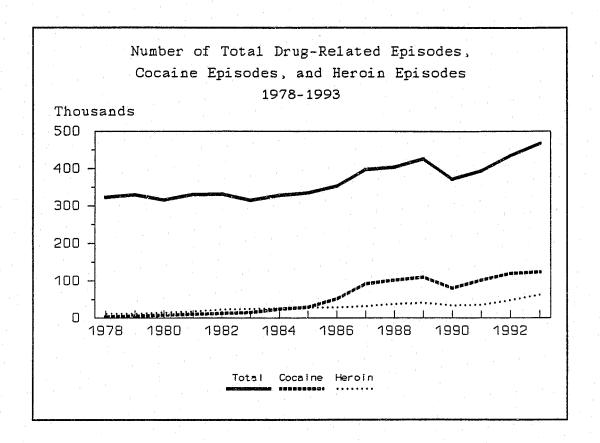
Three types of rates were calculated for this report.

- Rates per 100,000 population for the U.S. and the 21 metropolitan areas were calculated to isolate the trends in the number of drug-related episodes from changes in the population.<sup>1-4</sup>
- Rates per 100,000 emergency department visits for the U.S. and the 21 metropolitan areas were calculated to isolate the trends in the number of drug-related episodes from changes in the number of emergency department visits. Estimates of emergency department visits are based on annual emergency department visit data obtained from the American Hospital Association.
- Age-, race/ethnicity-, and sex-specific rates per 100,000 emergency department visits in 1992 were calculated to control for differences in emergency department use by different age, racial/ethnic, and sex groups. The numerator contained the number of drug-related episodes for the group specified as reported in the 1992 DAWN survey and the denominator contained the number of emergency department visits among persons in the same group as reported in the National Hospital Ambulatory Medical Care Survey (NHAMCS) which was conducted for the first time in 1992 by the National Center for Health Statistics of the Centers for Disease Control and Prevention.<sup>5</sup> NHAMCS is a national probability survey which collects data on patient visits to emergency and outpatient departments of non-Federal, short-stay and general hospitals in the United States and includes an item on whether the visit was drug-related.

Estimates from DAWN are released periodically in reports such as this Advance Report, and are published in Annual Reports which contain more detailed tables and a complete description of the DAWN methodology (reference: Annual Emergency Room Data 1992. Series I, Number 12-A. DHHS Pub. No. (SMA) 94-2080). Final estimates for 1993 will be published later when all hospitals participating in DAWN have submitted their data and when additional ancillary data used in estimation become available. The differences between preliminary and final estimates are due to several factors: final estimates include data from a small number of late-reporting hospitals; additional hospitals are added to the sample and incorporated into the final estimates; and data from the most current AHA file are used to produce the final weights. A more complete analysis of the 1993 estimates will be published in the Annual Emergency Department Data 1993 report.

The DAWN system also collects data on drug-related deaths from a nonrandom sample of medical examiners. Data from medical examiners are not included in this report. Medical examiner data are published annually (reference: Annual Medical Examiner Data 1992. Series I, Number 12-B. DHHS Pub. No. (SMA) 94-2081).

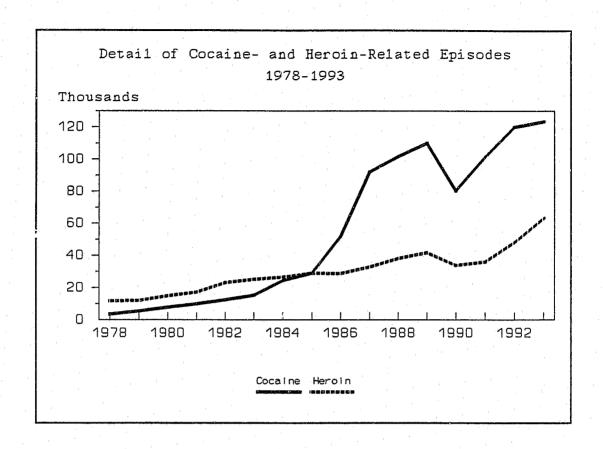
# ANNUAL TRENDS IN TOTAL DRUG-RELATED EPISODES



This section presents data from the DAWN survey on the estimated number of total drug-related emergency department episodes.

■ Drug-related episodes rose by 45 percent (from 323,100 to 466,900) from 1978 to 1993, while emergency department visits increased by 26 percent (from 71.3 million to 89.7 million). The proportion of drug-related emergency department visits was between 0.4 and 0.5 percent during that period. From 1990 through 1993, national estimates of total drug-related emergency department episodes increased 26 percent (from 371,200 to 466,900) and between 1992 and 1993, there was an 8 percent increase (from 433,500 to 466,900). Approximately 45 percent of the increase in total drug-related episodes between 1992 and 1993 was accounted for by the rise in heroin (from 48,000 to 63,000). Much of the remainder of this increase was due to increases in marijuana/hashish (15 percent), acetaminophen (11 percent), and methamphetamine (10 percent).

- The rate of drug-related episodes per 100,000 population increased 22 percent from 167 in 1990 to 204 in 1993 and the rate per 100,000 emergency department visits rose 15 percent during the same period, from 451 to 520.
- In 1993, 30 percent of total drug-related episodes occurred among persons aged 26-34 years, while 26 percent occurred among persons aged 35-44 years. Between 1992 and 1993, the number of total drug-related episodes rose by 38 percent for those aged 35-44 years and over (from 108,700 to 121,800), by 10 percent for persons aged 12 to 17 years (from 46,800 to 51,300), and by 5 percent for those aged 26 to 34 years (from 133,500 to 140,200). There was no change among persons aged 18-25 years.
- In 1993, 54 percent of total drug-related episodes occurred among whites, 27 percent among blacks, and 10 percent among Hispanics; for 7 percent race was unknown. Between 1992 and 1993, total drug-related episodes increased by 13 percent for Hispanics (from 42,200 to 47,600) and by 7 percent for whites (from 235,600 to 252,000). There was no change among blacks.
- The proportion of total drug-related episodes among men and women has been approximately equal since 1988. Total drug-related episodes increased by 9 percent for women (from 210,100 to 228,800) and by 6 percent for men (from 219,600 to 233,300) between 1992 and 1993.
- The most commonly reported motive for taking a substance was "suicide attempt or gesture" (184,400) which comprised 39 percent of all episodes in 1993. Drug-related episodes reported as suicide-related increased 7 percent from 172,400 in 1992. "Dependence" (144,300) and "recreational use" (36,300) were reported as motives in 31 percent and 8 percent, respectively, of all drug-related episodes in 1993.
- The most frequently recorded reason for a drug-related emergency department visit was "overdose" (249,100) which composed 53 percent of all episodes and increased by 11 percent since 1991 (224,200). "Unexpected reaction" (55,200), "chronic effects" (49,400) and "seeking detoxification" (48,000) were reported as reasons for the visit in 12 percent, 11 percent, and 10 percent, respectively, of all drug-related episodes in 1993.



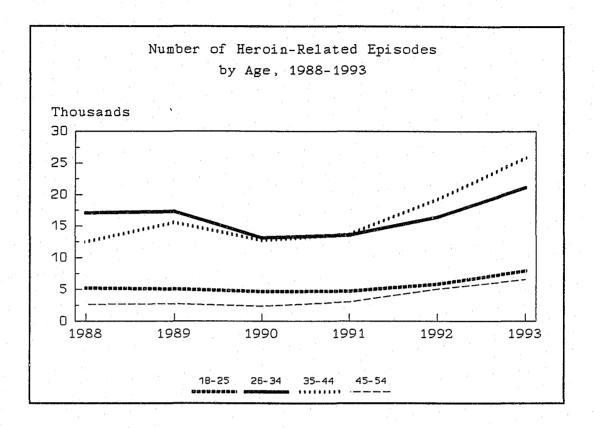
- Increases in cocaine-related episodes appear to have been the primary cause for the increase in total drug-related emergency department episodes from 1985 through 1992, with the exception of 1990. The percent of reported drug-related episodes that are cocaine-related has increased dramatically from 1 percent in 1978 (3,400 out of 323,100) to 26 percent in 1993 (123,300 out of 466,900). During this same period, heroin-related episodes increased from 4 percent of total drug-related episodes in 1978 (11,700 out of 323,100) to 13 percent in 1993 (63,000 out of 466,900). In contrast, the percent of drug-related episodes that were diazepam-related decreased from 19 percent in 1978 (60,400 out of 323,100) to 3 percent in 1993 (12,600 out of 466,900). Heroin and cocaine are sometimes used in combination. Therefore one person could have a cocaine mention and a heroin mention during the same episode.
- Cocaine-related episodes increased dramatically from 1985 through 1989 (28,800 and 110,000, respectively). After a drop in 1990 (80,400), increases have continued in 1991 and 1992 (101,200 and 119,800, respectively), but appeared to be leveling off in 1993 (123,300). Cocaine-related episodes in 1992 and 1993 were at their highest level since the DAWN survey began.

The proportion of heroin-related episodes has increased steadily from 4 percent in 1978 (11,700 out of 323,100) to 13 percent in 1993 (63,000 out of 466,900). After a drop in 1990 (33,900), increases have continued in 1991, 1992, and 1993 (35,900, 48,000, and 63,000, respectively). In 1993, heroin-related episodes were at their highest level since the DAWN survey began.

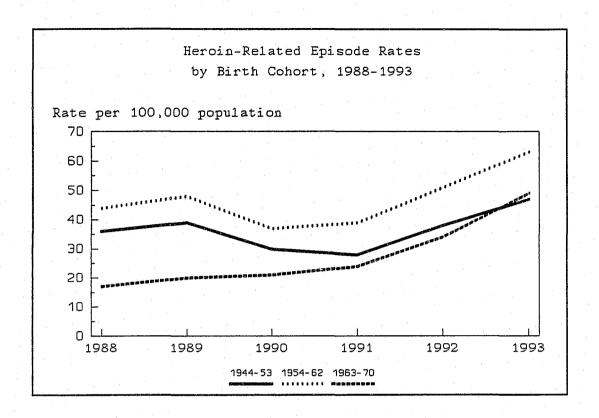
# ANNUAL TRENDS IN HEROIN-RELATED EPISODES

This section presents data from the DAWN survey on the estimated number of heroin-related emergency department episodes.

- Heroin is sometimes used in combination with other drugs. Therefore one person could have a heroin mention and a mention of another drug during the same episode. The rate of heroin-related episodes per 100,000 population increased 80 percent, from 15 in 1990 to 28 in 1993 and the rate per 100,000 emergency department visits increased 71 percent, from 41 in 1990 to 70 in 1993. Heroin-related emergency department episodes rose from 48,000 to 63,000 between 1992 and 1993, an increase of 31 percent; however, from 1990 through 1993, there was an 86 percent increase (from 33,900 to 63,000).
- From 1988 through 1993, there was a 470 percent increase in heroin-related episodes where the route of administration was recorded as "sniffed, snorted" (from 1,100 to 6,000) compared with a 31 percent increase (from 28,600 to 37,300) for "injection." "Sniffed, snorted" composed 20 percent of the increase in heroin-related episodes from 1988 through 1993. The following East Coast cities experienced dramatic increases in heroin-related episodes, from 1988 through 1993, where the route of administration was reported as "sniffed, snorted": Baltimore (from 20 to 540); Boston (from 50 to 340); and Philadelphia (from 10 to 210).



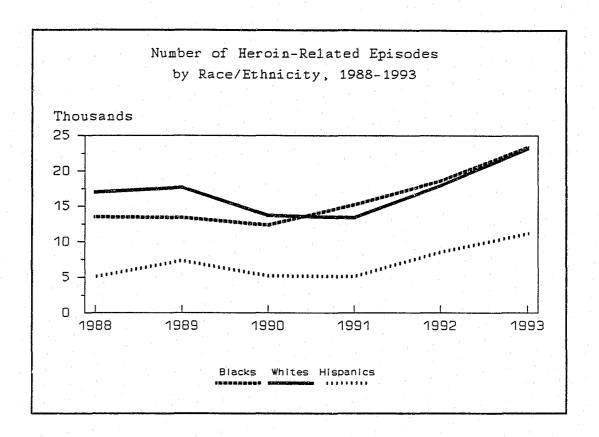
- In 1993, 41 percent of heroin-related episodes occurred among persons aged 35-44 years and since 1988, heroin-related episodes have more than doubled for this age group.
- Between 1992 and 1993, statistically significant increases were found in the following age groups:
  - among persons aged 18-25 years, a 35 percent increase (from 5,900 to 7,900)
  - among persons aged 26-34 years, a 29 percent increase (from 16,400 to 21,100)
  - among persons aged 35-44 years, a 34 percent increase (from 19,300 to 25,800)
  - among persons aged 45-54 years, a 29 percent increase (from 5,100 to 6,600).



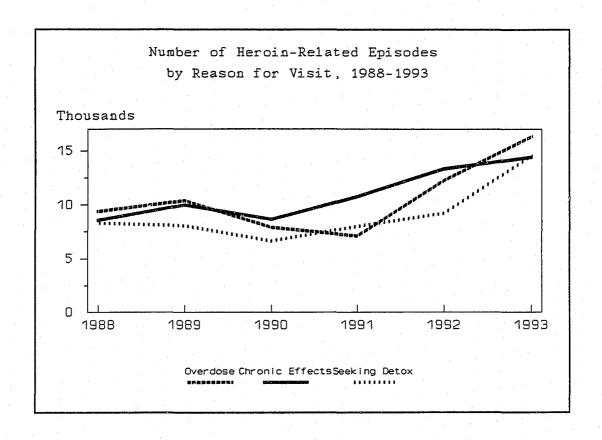
#### **Cohort Analysis**

In an attempt to explain the recent increase in heroin-related emergency department episodes, episodes among three birth cohorts (i.e., 1944-53, 1954-62, 1963-70) were examined and rates of heroin-related episodes per 100,000 population were calculated. By following these cohorts from 1988 through 1993, aging effects and user characteristics of the different cohorts could possibly be assessed. The cohorts were selected so that they would correspond to the standard age groups for which DAWN reports data. In 1988, the ages of the three cohorts were as follows: 18-25 years, 26-34 years, and 35-44 years.

- From 1991 through 1993, each birth cohort experienced an increase in the rate of heroin-related episodes and the 1954-62 birth cohort had the highest rates.
- A possible explanation of the rise in the rate of heroin-related episodes for the 1963-70 cohort is that as the cohort matured the number of new heroin users increased. The increase in the rate among the older cohorts could be the result of the cumulative health effects of prolonged heroin use.



- Thirty-seven percent of heroin-related episodes occurred among both blacks and whites and 18 percent occurred among Hispanics in 1993. Between 1992 and 1993, the number of heroin-related episodes rose by 31 percent for Hispanics (from 8,500 to 11,200), by 29 percent for whites (from 18,000 to 23,100), and by 25 percent for blacks (from 18,600 to 23,300). Since 1990, heroin-related episodes have increased by 89 percent for blacks (from 12,300 to 23,300). Since 1991, these episodes have increased by 118 percent for Hispanics (from 5,100 to 11,200) and 73 percent for whites (from 13,400 to 23,100).
- In 1993, 71 percent of heroin-related episodes occurred among men. Between 1992 and 1993, heroin-related episodes increased by 40 percent for women (from 12,800 to 17,900) and by 28 percent for men (from 34,800 to 44,600). Since 1990, heroin-related episodes increased by 95 percent for men (from 22,900 to 44,600) and by 68 percent for women (from 10,700 to 17,900).

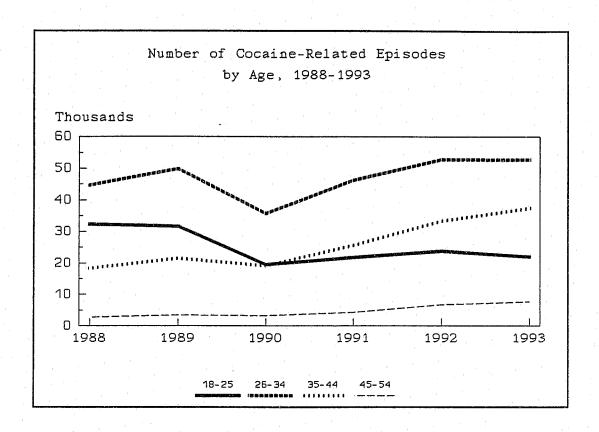


- The most frequently recorded reasons for an emergency department visit among heroin-related episodes in 1993, were "overdose" (16,300), "seeking detoxification" (14,500), and "chronic effects" (14,000).
- Among heroin-related episodes, "dependence" was the most commonly reported motive for drug use (47,800) in 1993.

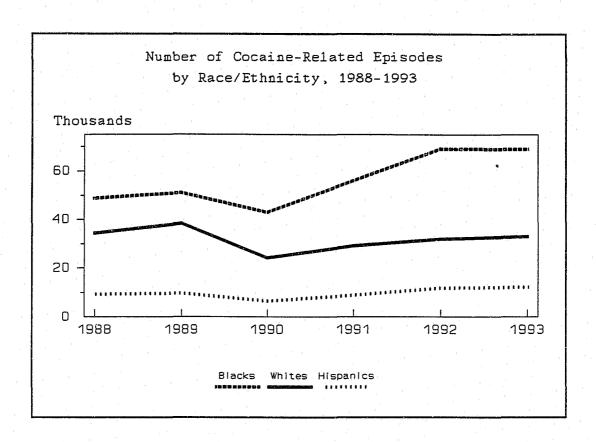
# ANNUAL TRENDS IN COCAINE-RELATED EPISODES

This section presents data from the DAWN survey on the estimated number of cocaine-related emergency department episodes.

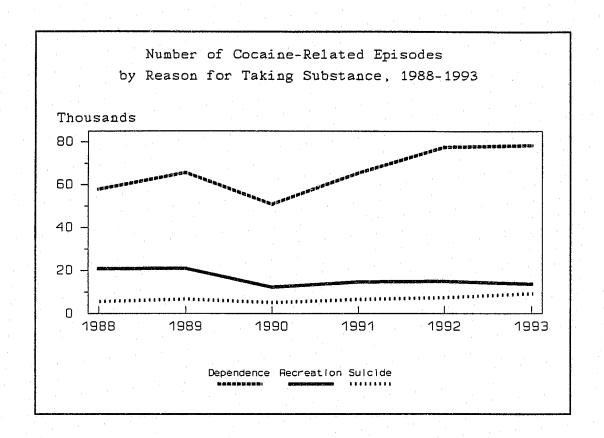
In 1993, cocaine-related episodes composed 26 percent of all emergency department drug-related episodes. Cocaine is sometimes used in combination with other drugs. Therefore one person could have a cocaine mention and a mention of another drug during the same episode. The rate of cocaine-related episodes per 100,000 population increased 49 percent, from 36 in 1990 to 54 in 1993, but most of the increase occurred between 1990 and 1992; the rate in 1992 was 53. The rate of cocaine-related episodes per 100,000 emergency department visits rose from 98 in 1990 to 137 in 1993, an increase of 41 percent. Between 1992 and 1993, the number of cocaine-related episodes changed slightly from 119,800 in 1992 to 123,300 in 1993. This difference was not statistically significant.



In 1993, 43 percent of cocaine-related episodes occurred among persons aged 26-34 years and 30 percent occurred among persons aged 35-44 years. Since 1988, cocaine-related episodes for persons aged 35-44 years have doubled. Comparing age groups, the only statistically significant increases between 1992 and 1993 occurred among persons aged 35-44 years (from 33,400 to 37,500) and those aged 45-54 years (from 6,800 to 7,700).



- In 1993, 56 percent of cocaine-related episodes occurred among blacks, 27 percent among whites, and 10 percent among Hispanics. No significant changes were seen between 1992 and 1993, for any racial or ethnic group. Since 1990, cocaine-related episodes have increased by 84 percent for Hispanics (from 6,600 to 12,200), by 61 percent for blacks (from 43,000 to 69,000) and by 37 percent for whites (from 24,100 to 33,100).
- In 1993, 67 percent of cocaine-related episodes occurred among men. No significant changes were seen between 1992 and 1993, for men or women.



- Among cocaine-related episodes, "dependence" was the most commonly reported motive for drug use (78,200) in 1993. "Recreational use" and "suicide attempt or gesture" were recorded as the motives for 13,800 and 9,300 of these episodes, respectively.
- The most frequently recorded reasons for an emergency department visit among visits involving cocaine in 1993, were "seeking detoxification" (32,100) and "unexpected reaction" (28,200).

# ANNUAL TRENDS IN OTHER ILLICIT DRUG-RELATED EPISODES

#### Marijuana

When reported in DAWN drug-related emergency department episodes, marijuana is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. In 1993, alcohol and cocaine were mentioned during 50 percent and 40 percent of marijuana/hashish-related episodes, respectively, while only 20 percent of marijuana-hashish-related episodes mentioned marijuana/hashish alone. Sixty-five percent of marijuana/hashish-related episodes occurred among persons aged 18-34 years, 70 percent among men, and 47 percent among whites in 1993. Between 1992 and 1993, marijuana/hashish-related emergency department episodes rose from 24,000 to 29,200, an increase of 22 percent.

Since 1990, marijuana/hashish-related episodes have increased 86 percent (from 15,700 to 29,200). Use of marijuana/hashish alone accounted for 23 percent of the increase. During this same time period, marijuana/hashish-related episodes increased by 88 percent for men (from 10,800 to 20,400), by 82 percent for women (from 4,700 to 8,500), and by 76 percent for whites (from 7,800 to 13,800). From 1991 through 1993, increases in marijuana/hashish-related episodes were observed in all age groups with episodes among persons aged 12 to 17 years more than doubling (from 2,100 to 4,300).

## Methamphetamine

Between 1988 and 1991, there was a decrease in methamphetamine (speed)-related emergency department episodes. However, from 1991 through 1993, methamphetamine-related episodes increased 106 percent from 4,900 to 10,100.

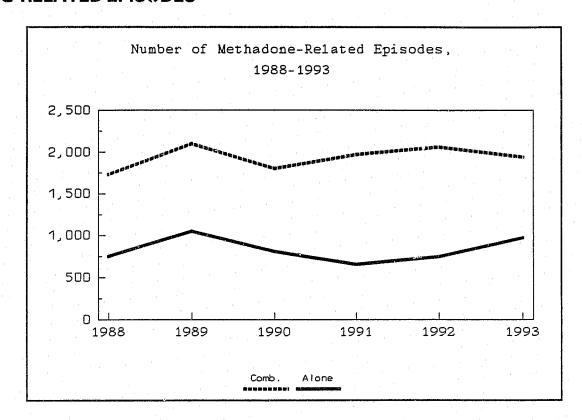
#### ■ PCP

From 1988 through 1991, there was a dramatic decrease in episodes involving PCP and PCP combinations (from 12,300 to 3,500); however, since 1991, there has been an 88 percent increase (from 3,500 to 6,500).

#### LSD

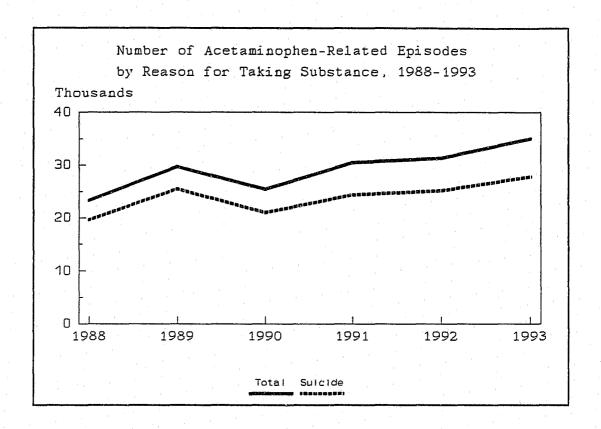
LSD-related episodes have remained relatively stable since 1988.

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

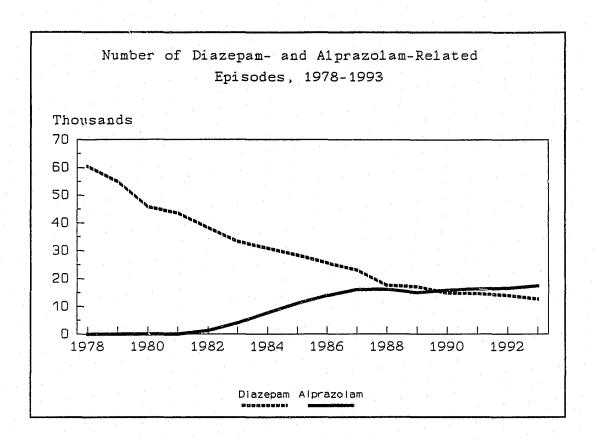


DAWN also reports on cases involving the nonmedical use of legal drugs.

- There was no statistically significant difference between the total number of methadone-related emergency department episodes reported in 1993 (2,900) and the number reported in 1992 (2,800). In 67 percent of the episodes which occurred in 1993, methadone had been used in combination with another substance. Heroin, cocaine, and alcohol were mentioned at 31 percent, 17 percent, and 16 percent of methadone-related episodes, respectively.
- From 1991 through 1993, methadone-related emergency department episodes in which methadone was mentioned alone increased by 48 percent (from 660 to 970).



- Acetaminophen-related episodes composed 7 percent of all drug-related emergency department episodes in 1993. Forty-two percent of acetaminophen-related episodes mentioned acetaminophen alone, while 21 percent mentioned alcohol. From 1990 through 1993, a 38 percent increase was observed (from 25,400 to 35,000). The motive for drug use that is usually reported in conjunction with acetaminophen-related episodes is "suicide attempt or gesture." In 1993, 79 percent (27,800) reported this motive. "Other psychic effects" accounted for the motive in 3,900 episodes and represents the use of acetaminophen in combination with other drugs and/or alcohol. Most acetaminophen-related episodes in 1993 (90 percent) reported "overdose" (31,300) as the reason for visit.
- Accidental overdoses of over-the-counter 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 over-the-counter drugs reported "suicide attempt or gesture" as the motive for use.



- Diazepam (valium) is a benzodiazepine used in the treatment of anxiety disorders, seizures, and muscle spasms. Diazepam-related emergency department episodes decreased by 79 percent (from 60,400 to 12,600) from 1978 to 1993.
- Alprazolam (xanax), a benzodiazepine used in the treatment of anxiety disorders, was first reported to DAWN in 1982. Alprazolam-related emergency department episodes increased 1,340 percent (from 1,200 to 17,400) from 1982 to 1993.

- From 1988 through 1993, trazodone-related emergency department episodes increased 167 percent (from 2,200 to 5,900). Trazodone is an antidepressant used in the treatment of aggressive behavior and cocaine withdrawal. In 1993, 29 percent of trazodone-related episodes mentioned trazodone alone, while 22 percent mentioned alcohol and 2 percent mentioned cocaine. Seventy-nine percent of trazodone-related episodes in 1993 reported "suicide attempt or gesture" (4,700) as the drug use motive. Most trazodone-related episodes in 1993 (92 percent) reported "overdose" (5,500) as the reason for visit.
- From 1988 through 1993, clonazepam-related emergency department episodes, increased 644 percent (from 1,400 to 10,400). Clonazepam is an anticonvulsant.
- Carbamazepine-related emergency department episodes increased 146 percent (from 2,000 to 5,000) from 1988 through 1993. Carbamazepine is an anticonvulsant.

# 1992 AGE-, RACE/ETHNICITY-, AND SEX-SPECIFIC EMERGENCY DEPARTMENT RATES

In the past, we noted differences in the number of DAWN cases based on the age, sex, and race of patients. However, there was doubt as to the cause: were different groups more likely to have drug problems or were they more likely to use the emergency department for any medical problem. In this section, we report the results of a new analysis which takes advantage of the National Hospital Ambulatory Medical Care Survey (NHAMCS) and controls for different patterns of emergency department use.<sup>5</sup> NHAMCS was conducted for the first time in 1992 by the National Center for Health Statistics of the Centers for Disease Control and Prevention. The analysis shows that group differences persist even when controlling for different rates of emergency department use.

Age-, race/ethnicity-, and sex-specific rates per 100,000 emergency department visits in 1992 were calculated to control for differences in emergency department use by different age, racial/ethnic, and sex groups. The numerator contained the number of drug-related episodes for the group specified as reported in the 1992 DAWN survey and the denominator contained the number of emergency department visits among persons in the same group as reported in the 1992 NHAMCS. All of the data presented below are for 1992.

## **Total Drugs**

- Rates of drug-related episodes per 100,000 emergency department visits were determined for the following four age groups: 745 for persons aged 18-25 years; 944 for persons aged 26-34 years; 944 for persons aged 35-44 years; and 433 for persons aged 45-54 years. The rates for persons aged 26-34 years and 35-44 years were significantly higher than the rate for persons aged 18-25 years.
- Blacks had 918 drug-related episodes per 100,000 emergency department visits compared with 595 for Hispanics and 437 for whites.
- There was no statistically significant difference between the drug-related episode rate for men (613 per 100,000 emergency department visits) and women (522 per 100,000 emergency department visits).
- In 1992, 261,100 drug-related episodes were reported to DAWN where the motive for drug use was not suicide and 262,000 emergency department visits were reported to NHAMCS that had "adverse effect of drug abuse" recorded as the principal reason for visit. In NHAMCS, drug-related was defined as the use or abuse of illegal or prescription drugs by the patient or the person causing the patient's problem.

#### Heroin

- Rates of heroin-related episodes per 100,000 emergency department visits were determined for the following four age groups: 45 for persons aged 18-25 years; 116 for persons aged 26-34 years; 167 for persons aged 35-44 years; and 70 for persons aged 45-54 years. The rate for persons aged 35-44 years was significantly higher than the rate for persons aged 18-25 years.
- Blacks had 139 heroin-related episodes per 100,000 emergency department visits compared with 33 for whites. There was no statistically significant difference between the heroin-related episode rates for blacks and Hispanics (120 per 100,000 emergency department visits).
- Men had 97 heroin-related episodes per 100,000 emergency department visits compared with 32 for women.

#### Cocaine

- Rates of cocaine-related episodes per 100,000 emergency department visits were determined, for the following four age groups: 185 for persons aged 18-25 years; 373 for persons aged 26-34 years; 290 for persons aged 35-44 years; and 93 for persons aged 45-54 years. The rate for persons aged 26-34 years was significantly higher than the rate for persons aged 18-25 years.
- Blacks had 516 cocaine-related episodes per 100,000 emergency department visits compared with 167 for Hispanics and 59 for whites.
- Men had 225 cocaine-related episodes per 100,000 emergency department visits compared with 95 for women.

## Diazepam (valium)

- Rates of diazepam-related episodes per 100,000 emergency department visits were determined, for the following four age groups: 13 for persons aged 18-25 years; 36 for persons aged 26-34 years; 40 for persons aged 35-44 years; and 19 for persons aged 45-54 years. The rates for persons aged 26-34 and 35-44 years were significantly higher than the rate for persons aged 18-25 years.
- Whites had 20 diazepam-related episodes per 100,000 emergency department visits compared with 12 for Hispanics and 9 for blacks.
- There was no statistically significant difference between the diazepamrelated episode rate for men (17 per 100,000 emergency department visits) and women (19 per 100,000 emergency department visits).

## Alprazolam (xanax)

- Rates of alprazolam-related episodes per 100,000 emergency department visits were determined, for the following four age groups: 19 for persons aged 18-25 years; 38 for persons aged 26-34 years; 45 for persons aged 35-44 years; and 25 for persons aged 45-54 years. The rates for persons aged 26-34 and 35-44 years were significantly higher than the rate for persons aged 18-25 years.
- Whites had 26 alprazolam-related episodes per 100,000 emergency department visits compared with 12 for Hispanics and 6 for blacks.
- Women had 28 alprazolam-related episodes per 100,000 emergency department visits compared with 15 for men.

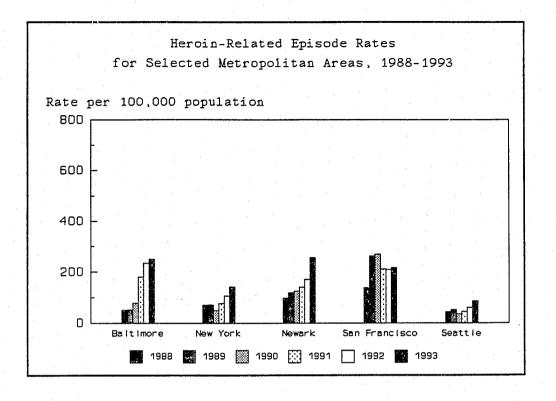
# ANNUAL TRENDS IN SELECTED METROPOLITAN AREAS

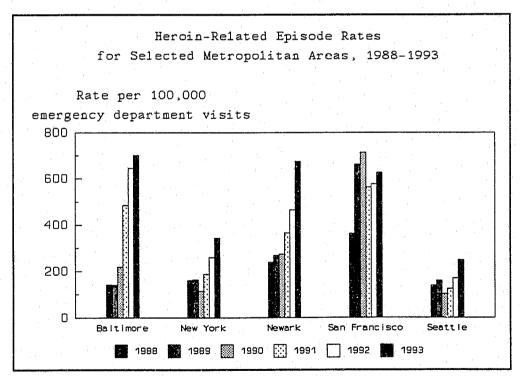
# **Total Drugs**

Between 1992 and 1993, 6 of the 21 metropolitan areas covered in DAWN had statistically significant increases in the estimated number of drug-related emergency department episodes. The percent increases in these areas were: 34 percent in Buffalo (from 1,960 to 2,620); 22 percent in Detroit (from 15,780 to 19,210); 16 percent in Miami-Hialeah (from 4,710 to 5,480); 16 percent in Dallas (from 4,060 to 4,720); 11 percent in Minneapolis (from 3,920 to 4,360); and 10 percent in Chicago (from 17,580 to 19,320). Statistically significant decreases were observed in 3 of the 21 metropolitan areas: 22 percent in New Orleans (from 5,350 to 4,160); 20 percent in San Diego (from 6,090 to 4,890); and 15 percent in Atlanta (from 8,770 to 7,460).

#### Heroin

Ten of the 21 metropolitan areas had statistically significant increases in the estimated number of heroin-related emergency department episodes between 1992 and 1993. The percent increases in these areas were: 44 percent in Seattle (from 1,100 to 1,580), 31 percent in Chicago (from 2,960 to 3,890), 30 percent in Detroit (from 1,840 to 2,390), 20 percent in Los Angeles (from 2,940 to 3,540), and 11 percent in Boston (from 2,060 to 2,290). Statistically significant increases were also found in Buffalo, Denver, Miami, Minneapolis, and Phoenix, however; the number of episodes reported for each city was relatively small. San Diego was the only one of the 21 metropolitan areas that experienced a statistically significant decrease in heroin-related emergency department episodes between 1992 and 1993, from 1,020 to 750, a 27 percent decrease.

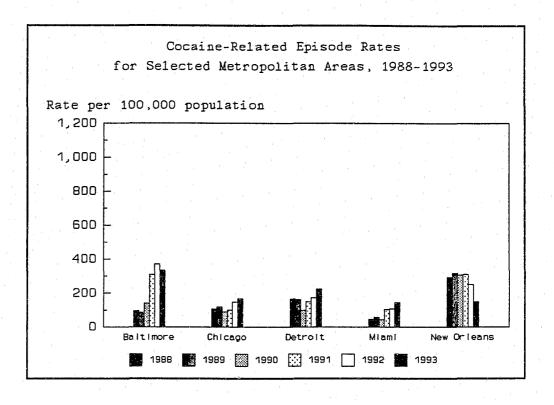


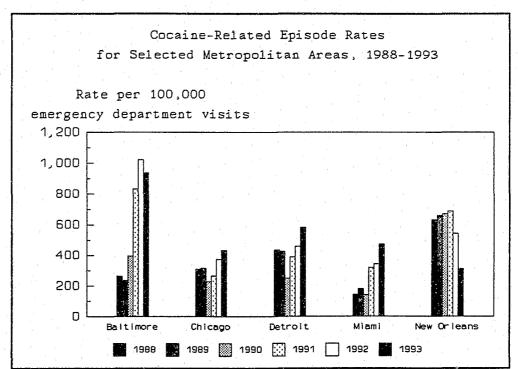


- The charts presented above attempt to isolate the trends in the number of heroin-related episodes from changes in the population and emergency department visits for five cities by examining both the rates per 100,000 population and per 100,000 emergency department visits. Both Baltimore and Newark experienced increasing trends in the rates of heroin-related episodes per 100,000 population since 1988. New York and Seattle had similar patterns of steady rates of heroin-related episodes per 100,000 population in the late eighties with a subsequent rise in the early nineties. The rate of heroin-related episodes per 100,000 population in San Francisco appeared to have peaked in 1989 and 1990 and seemed to be levelling off in 1993.
- When the rate of heroin-related episodes per 100,000 emergency department visits were calculated for the five cities mentioned above, similar patterns in the trends within cities were observed.
- Readers should note that small changes in estimates in Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences, since all eligible hospitals are selected in those cities.

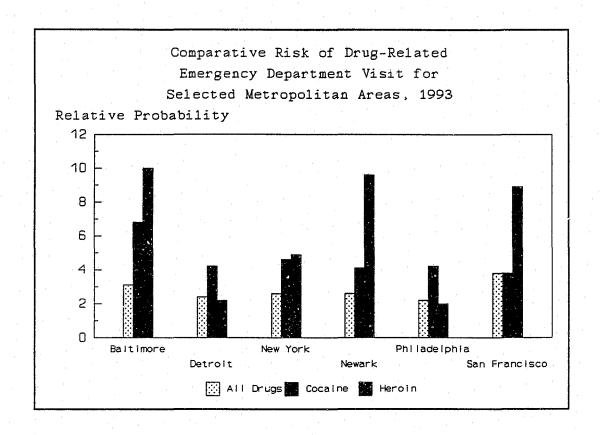
#### Cocaine

During the same period, 6 of the 21 metropolitan areas had statistically significant increases in the estimated number of cocaine-related emergency department episodes. The percent increases in these areas were 57 percent in Buffalo (from 640 to 1,010), 36 percent in Miami (from 1,940 to 2,640), 31 percent in Detroit (from 6,940 to 9,080), 15 percent in Chicago (from 8,210 to 9,440), and 11 percent Seattle (from 1,450 to 1,610). Statistically significant decreases were found in 4 of the 21 metropolitan areas: 40 percent in New Orleans (from 2,850 to 1,720); 31 percent in San Diego (from 1,150 to 790); 9 percent in Baltimore (from 8,080 to 7,390); and 8 percent in Boston (from 4,270 to 3,930).





- The charts presented above attempt to isolate the trends in the number of cocaine-related episodes from changes in the population and emergency department visits for five cities by examining both the rates per 100,000 population and per 100,000 emergency department visits. The trend in the rate of cocaine-related episodes per 100,000 population in Baltimore had been increasing from 1989 through 1992, but decreased in 1993. Chicago, Detroit, and Miami had similar increasing trends in the rate of cocaine-related episodes per 100,000 population from 1990 through 1993, while the trend in New Orleans has been decreasing since 1991.
- When the rate of cocaine-related episodes per 100,000 emergency department visits were calculated for the five cities, similar patterns in the trends within cities were observed.



The probability that an emergency department visit in a selected city would involve drugs was compared to the probability that an average emergency department visit in the United States would be drug-related. Probabilities for cocaine and heroin were calculated in a similar fashion. In 1993, emergency department visits in Baltimore, Newark and San Francisco were about nine times as likely to involve heroin than the national average. In New York, the chance that a drug-related emergency department visit involved heroin or cocaine was about the same, (i.e. five times the national average), while in Detroit and Philadelphia visits were about twice as likely to involve cocaine as heroin, (i.e., four times the national average).

## **DISCUSSION OF RESULTS**

The results reported here show that the non-medical use of drugs continues to place an increasing burden on hospital emergency departments. These results provide an indication of the problem, but likely miss some of the impact because the focus of DAWN is on cases in which a person's own drug use contributes to the current reason for their visit to the emergency department. It is important to recognize that DAWN data do not measure the prevalence of drug use, but rather the health consequences of drug use expressed as emergency department visits. Many factors can influence the estimates of emergency department visits. Drug users may have visited emergency departments for a variety of reasons some of which may have been life threatening. Others may have sought care at the emergency department for detoxification, because they were unable to gain admission to a drug treatment facility or because they needed medical certification before entering treatment. The DAWN data may reflect changes in hospital services or operations. For example, a hospital may open a new detoxification unit resulting in more drug-related emergency department visits or change to a new computer system resulting in underreporting.

The preliminary data from 1993 do not indicate any major change in the general trends from the 1992 DAWN data. That report clearly showed that since the late 1970's, there have been dramatic increases in the number of emergency department episodes which DAWN identified as drug related. During the same period, the proportion of drug-related episodes which involved cocaine and heroin increased. Two key findings from the 1993 data deserve attention. First, heroin-related episodes showed an increase of 31 percent between 1992 and 1993. Second, there was no statistically significant increase during this time period in cocaine-related episodes. Heroin-related episodes have continued to increase since 1991, indicating a long-term upward trend. In contrast, 1993 is the first year since 1990, that did not show an increase in cocaine episodes. However, it is not known at this time if this represents a trend or a random fluctuation.

Since DAWN data represent visits, not individuals, the increase in drug-related episodes may reflect the same individuals making repeated emergency department visits. Demographic changes may also account for some of this increase. DAWN data have shown that the proportion of drug-related episodes among persons aged 35 years and older has been increasing. This may be the result of more older people seeking care at the emergency department for drug-related problems or of persons aged 35 years and older making more frequent visits. As drug users age, particularly injection drug users, they become more susceptible to a variety of health problems which are exacerbated by drug use, especially the cumulative effects of prolonged use. These individuals may be using emergency departments for treatment of nonurgent health problems.

The continued rise in drug-related emergencies may also be due to an increased use of drug combinations, particularly with alcohol; changes in patterns of drug use, such as route of administration; changes in the amount of drug used per administration; or changes in the drug purity or price. For example, an increase in the purity of heroin or cocaine could result in more users experiencing unexpected reactions and overdoses. According to a U.S. Department of Justice report, lowerend prices for gram, ounce, and kilogram quantities of heroin have declined since the mid-1980's. In addition, since 1990, the purity for gram and ounce heroin purchases has risen steadily and the number of DAWN heroin- and cocaine-related visits attributed to overdose have been increasing. The purity of an ounce of heroin purchased on the street rose from 34 percent in 1990 to 66 percent in 1993.7

Heroin of high purity can be snorted or smoked and an increase in recent years has been seen in heroin-related emergency department episodes where "sniffed, snorted" was recorded as the route of administration. There have also been anecdotal reports in the press regarding the association between the increasing purity of heroin and a rise in heroin addiction. During 1993, the price of a kilogram of cocaine remained relatively low and stable. The purity of an ounce of cocaine rose from 58 percent in 1990 to 74 percent in 1992, then dropped to 70 percent in 1993. The tetrahydrocannibinols (THC) content of marijuana has increased from 3.6 percent in 1990 to 5.4 percent in 1993.

Estimates of drug-related emergency department episodes could increase or decrease over time for reasons unrelated to the size of the drug using population. It may also be due to factors that affect reporting patterns rather than actual changes in emergency department use. For example:

- Greater awareness of these problems by hospital staff who therefore report drug use more carefully on the medical record,
- Other data collection or sample composition changes (see Appendix 2),
- Changing patterns of use of emergency departments by drug users, and
- Different patterns of use of emergency departments by population subgroups.

However, our initial analysis of identified procedural factors which could have created spurious results suggests that they cannot account for the consistently substantial increases reported here (see Appendix 2 for a detailed account of known procedural anomalies). The number of drug-related episodes increased 26 percent from 1990 through 1993. However, when the estimates were adjusted for population and emergency department visits, the increases were 22 percent and 15 percent, respectively. While our analysis continues, we do not expect to find circumstances that will rebut the main trends reported herein.

In the analysis reported here, we controlled for different patterns of use of the emergency department by particular population subgroups and found that differences in drug-related episodes among certain groups persisted.

# APPENDIX 1: DESCRIPTION OF THE DRUG ABUSE WARNING NETWORK

## I. Sample Design

When DAWN was begun in the early 1970's, a random sample of hospital emergency departments was chosen for inclusion. Over the ensuing years, a number of facilities were lost from the original sample due to closure, merger, or voluntary termination and the sample was not updated in such a way as to maintain randomness. Therefore, attrition and nonrandom replacement led to a sample that was no longer representative of all hospital emergency departments in the coterminous United States.

In 1986, the DAWN sample was redesigned and a new sample was drawn. The American Hospital Association (AHA) 1984 and 1985 Annual Surveys of Hospitals were used to obtain a sampling frame. Non-Federal, short-stay general hospitals with a 24-hour emergency department were eligible for DAWN. Hospitals in the frame were stratified according to size, with hospitals reporting 80,000 or more annual emergency department visits assigned to a single stratum and selected with certainty. Additional strata were defined according to whether the hospital had an organized outpatient department or a chemical/alcohol inpatient unit. Twenty-one Metropolitan Statistical Areas (MSAs) were designated for oversampling. In 5 of the metropolitan areas, all eligible hospitals were selected to be in the sample. In each of the 16 remaining designated DAWN metropolitan areas, a sample of hospitals was selected. Hospitals outside of these 21 areas were assigned to a National Panel and sampled. In addition to the other strata, hospitals in the metropolitan areas were classified as to whether they were inside or outside a central city. A total of 685 hospitals was selected for the sample and 508 hospitals (74 percent) participated in the survey in 1993. The 1993 response rate for visits (unweighted) which is based on annual emergency department visits to eligible and responding hospitals as reported in the American Hospital Association Annual Survey for 1992 was 81 percent.

Sample implementation began in 1986 and by 1988, hospital recruitment progressed to the point where national and metropolitan area [the 21 MSAs/Primary Metropolitan Statistical Areas (PMSAs)] estimates could be made with reasonable precision. The estimation procedure for the new probability sample was modified in 1989 and included the use of an estimator with adjustments for two types of nonresponse and a ratio adjustment (or benchmark adjustment) based on ancillary data from the AHA. A sample maintenance procedure was developed to randomly select "newly eligible" hospitals from the AHA each year using the same selection probabilities as the new sample. This procedure will allow the sample to be kept up-to-date and representative of over 5,000 DAWN-eligible hospitals in the coterminous U.S.

## II. Data Collection Methodology

Within each facility participating in DAWN, a designated reporter, usually a member of the emergency department or medical records staff, is responsible for identifying drug-related episodes and recording and submitting data on each case. An episode report is submitted for each patient visiting a DAWN emergency department whose presenting problem(s) was related to their own drug use. To be eligible for DAWN, a case must meet all four of the following criteria: the patient was treated in the hospital's emergency department; the patient's presenting problem(s) was induced by or related to drug use, regardless of whether the drug ingestion occurred minutes or hours before the visit; the case involved the nonmedical use of a legal drug or any use of an illegal drug; and the patient's reason for taking the substance(s) included one of the following: (1) dependence, (2) suicide attempt or gesture, or (3) psychic effects. Each report of a drug-related emergency department episode includes demographic information about the patient and the circumstances surrounding the episode. Up to four different substances, in addition to alcohol-in-combination, can be specified for each episode. The data are then weighted to produce national and metropolitan area estimates of emergency department drug-related episodes.

A drug episode is defined as an emergency department visit that was directly related to the use of an illegal drug or the non-medical use of a legal drug for persons aged 6 years and older. The number of emergency department episodes reported in DAWN is not synonymous with the number of individuals involved. One person may make repeated visits to an emergency department or to several emergency departments, thus producing a number of episodes. As no patient identifiers are collected, it is impossible to determine the number individuals involved in the reported episodes.

A drug mention refers to a substance that was mentioned during a drug-related emergency department episode. In addition to alcohol-in-combination, up to four substances may be reported for each drug-related episode; thus, the total number of mentions exceeds the number of total episodes. It should be noted that a particular drug mention may or may not be the confirmed "cause" of the episode when multiple drugs have been mentioned. Even when only one substance is reported for an episode, allowance should still be made for reportable drugs not mentioned or for other contributory factors.

Readers should note that the term "episodes" is used in the text, while the term "mentions" is used in the tables. Most drugs are only mentioned one time during an episode, so in most cases these terms are synonymous. For the sake of tradition, the term "mentions" has been retained in the tables.

## III. Weights and Precision of the Estimates

The weights are generated each quarter for each hospital in the sample and are the product of a four component model that considers (1) the base sampling weight calculated as the reciprocal of the sampling probability; (2) an adjustment for atypical reporting, applicable to certain hospitals that merge, split, or respond in an unusual way; (3) 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 (4) a benchmark factor, applied within metropolitan areas, that adjusts the total number of emergency department visits among participating sample hospitals to the total for the population of hospitals as determined from the sampling frame.

Each estimate from the DAWN emergency department sample data is subject to sampling variability, which is the variation of 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 standard error expressed as a percentage of the value of the estimate. The precision of an estimate is inversely related to the degree of sampling variability as measured by the RSE; the greater the RSE value, the lower the precision.

## IV. Preliminary Versus Final Estimates

Final estimates are produced once a year when all hospitals participating in DAWN have submitted their data for that year and when additional ancillary data used in estimation become available. The differences between preliminary and final estimates are due to several factors:

- Final estimates include data from a small number of late-reporting hospitals. With some late reporting facilities in every time period, we continue updating the DAWN files for a fixed time period. Therefore, later files will usually include more complete data (i.e., have a higher response rate).
- 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 was used initially to establish a sampling frame for DAWN. Subsequently, the most current AHA file is used once a year to maintain the 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 are used to produce the final weights.

While the final estimates differ from the preliminary estimates, in past years the basic conclusions have not changed. An assessment of the validity of preliminary estimates is ongoing.

#### V. Revision of DAWN Estimates, 1990-1992

Since the release of Advance Report Number 2, a small error was discovered in the estimation procedure that was used to generate 1990-1992 DAWN estimates. The error concerned the treatment of hospital mergers from the AHA file. The impact of the error and subsequent revision to the estimates has been evaluated for both the national and metropolitan area data. The effect of the revision on the 1990 national estimates was minimal, therefore it was decided not to revise these estimates. The estimates for 1991 were revised to reflect the corrected estimation procedure and the revisions were published in Advance Reports Number 4 and Number 6. The final 1992 estimates, presented in this report and in Advance Reports Number 4 and Number 6 reflect this revision.

Some additional problems were found in the estimation system, since the release of Advance Report Number 6. Corrections were made to the estimation procedure in an attempt to assess the impact on the estimates from 1989 through 1992. The effect of these changes on the national estimates was found to be less than one percent. However, the impact was greater for estimates for Atlanta and Philadelphia, where the 1992 estimates were 14 percent and 7 percent lower, respectively, after revision. It was decided not to revise any of the estimates at this time; therefore, the estimates shown in this report for Atlanta and Philadelphia are biased upward for 1992. The bias is somewhat smaller in 1991, and even smaller in 1990.

SAMHSA is continuing to check the programs which generate the estimates and will neither revise estimates from previous years nor release the 1993 final estimates until this process is complete.

## **APPENDIX 2: LIMITATIONS OF THE DATA**

#### I. Sources of Error

When producing estimates from any sample survey, two 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 occur from nonresponse, difficulties in the interpretation of the collection form, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors.

Many procedures are in place to minimize nonsampling errors such as data editing and periodic retraining of data collectors. Further, nonrespondents are identified for additional recruitment. Late reporters are assigned for priority data collection and respondents with changes in reporting are designated for followup.

Because 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 emergency departments in the United States. If a person is admitted to another part of the hospital for treatment, treated in a physician's office or at a drug treatment center, the episode would not be included in DAWN.

Readers should note that in the 1992 National Hospital Ambulatory Medical Care Survey missing data for date of birth, sex, race, and ethnicity were imputed. Item nonresponse was less than 3 percent for date of birth and sex, 8 percent for race, and 15 percent for ethnicity.

## II. Interpretation of Statistical Significance

Please note that statistical 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 1992 Annual Emergency Room Report, page 10), along with sampling many other areas at a high rate. The closer the sample is to a census, the higher the likelihood that a change will be statistically significant, no matter how small it may be. While technically there is no sampling variability in these five areas, there is some variability due to 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. Also, keep in mind that while a level of significance equal to .05 is used to determine statistical significance in the DAWN emergency department sample, large differences associated with slightly higher p-values (specifically those between .05 and .10) may be worth noting along with the p-values.

## III. 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 hospitals. It is unlikely that the changes in total drug-related, cocaine-related, and heroin-related episodes seen over time could be associated with modifications to the sample. Analyses of the previous changes in the sample composition have found them to have little impact on trends.

Knowledge of changes in the sample composition or reporting anomalies in key sample hospitals is important in guiding interpretations of trends in DAWN estimates, particularly for metropolitan area dat. To the extent that it is possible in the short time frame before data release, DAWN analysts and field staff attempt to identify and document any such situations and have noted the following environmental events that might have had an impact on the estimates:

The 1988 estimates for San Francisco should be used with caution due to underreporting by a large hospital. This hospital accounted for about 30 percent of the episodes in the PMSA (weighted or unweighted). Additional training was provided to hospital staff which subsequently improved data quality beginning in December 1988.

- Levels and trends in episodes in 1990 and 1991 may be distorted in the Baltimore MSA due to changes occurring in several hospitals in the MSA such as: turnover in DAWN reporters, back-data collection for some, but not all of the affected time periods, and administrative changes. However, trends for total drug-related episodes, cocaine-related episodes, and heroin-related episodes among other Baltimore hospitals, appear to follow the same pattern as the problem hospitals. Thus, even with corrected data, episodes would still be increasing over time during this period.
- The increase in the 1991 estimates of episodes over the previous year in Miami-Hialeah was due to a change in the DAWN reporter, resulting in an increased number of mentions.
- In June 1990, a hospital in Seattle that averages around 200 episodes a month dropped out of the study, but reentered in May, 1991. This may have accounted for the drop in episodes seen in Seattle in 1990 and 1991 and part of the subsequent increase seen in 1992.
- The change in the sample composition beginning in the first half of 1991 in the New York PMSA (addition of several hospitals) did have some impact on the 1991 estimates; however, an analysis of the estimates with and without these hospitals indicate that the trends remained the same while the levels changed somewhat.
- Second half 1991 increases in the Detroit PMSA may be due to underreporting which was discovered during a reabstraction study performed in one large hospital in 1991. In previous time periods, mostly overdose cases were being reported. More accurate data were obtained beginning in the second half of 1991. However, cocaine- and heroin-related episodes did increase in other hospitals, particularly when comparing third quarter 1990 with third quarter 1991. Therefore, even if more accurate data were available in this hospital, increases at the metropolitan area level would have still occurred.
- Four hospitals in Philadelphia instituted procedures in the second half of 1992 that caused their reported episodes to increase which may have accounted for a large percent of the increase seen in drug-related episodes in the Philadelphia MSA.
- In late 1991, a detoxification center in a reporting hospital in Washington, D.C. closed. While drug-related episodes in this hospital decreased by less than 5 percent between the first half of 1991 and the first half of 1992, the number citing "seeking detoxification" as the reason for the visit declined by 85 percent.

- In the second half of 1993, there was a significant decrease in the number of drug-related episodes reported for San Francisco. An explanation for this is that a previously nonresponding hospital began reporting during this time period. The number of episodes reported from this hospital were smaller than anticipated resulting in a lower estimate.
- In April 1993, a hospital in the Detroit PMSA increased the number of toxicology tests performed. This may have accounted for a large percentage of the significant increase seen in drug-related episodes between the first and second half of 1993.

The DAWN data reflect normal fluctuations in visits to hospital emergency departments. Occasionally, such changes can have a major effect on the estimates. For example, in the second half of 1992, detoxification centers near hospitals in the National Panel opened. This resulted in an increase in the number of episodes as patients seeking admission for detoxification had to obtain medical clearance through these hospitals. Because these hospitals have large weights, they accounted for one-third of all methamphetamine(speed)-related episodes and 5 percent of heroin-related episodes.

## **APPENDIX 3: REFERENCES**

- 1. 1980-90 Intercensal County Population Estimates, Population Paper Listing 1. US Bureau of the Census, Washington, DC.
- 2. 1990 Summary Tape File 1-C. US Bureau of the Census, Washington, DC.
- 3. US Population Estimates by Age, Sex, Race, and Hispanic Origin, 1990-93, Population Paper Listing 8, Appendix D (unpublished data). US Bureau of the Census, Washington, DC.
- 4. US Population Estimates by Age, Sex, Race, and Hispanic Origin, 1978-89, (unpublished data). US Bureau of the Census, Washington, DC.
- 5. National Center for Health Statistics. Public Use Data Tape Documentation, National Hospital Ambulatory Medical Care Survey, 1992 (Machine readable data and documentation) NCHS, Hyattsville, Maryland. (Producer). National Technical Information Service, U.S. Department of Commerce, Springfield, Virginia 22161. 1994.
- 6. Nelson CR and Stussman BJ. Alcohol- and drug-related visits to hospital emergency departments: 1992 National Hospital Ambulatory Medical Care Survey. Advance data from vital and health statistics; no 251. Hyattsville, Maryland: National Center for Health Statistics: 1994.
- 7. Illegal Drug Price/Purity Report, Drug Enforcement Administration, January 1990-December 1993.

## **APPENDIX 4: EXPLANATION OF TABLES**

The tables in this appendix present estimates of total drug episodes, total drug mentions (each episode may involve one or more mentions of specific drugs), and episodes involving 35 of the more frequently mentioned drugs, including detailed tabulations for cocaine, heroin, and marijuana/hashish emergency department visits. In addition to being reported by metropolitan areas, the drug-related episodes are shown by age, sex, race/ethnicity and for central city versus outside central city (in the 21 oversampled metropolitan areas). Estimates are also reported by motive for taking the substance and reason for visit. Tables showing semi-annual and annual data from 1988 through 1993 are included. Data shown in these tables are based on the representative sample of hospitals that was implemented in 1988 and updated periodically since then.

In addition to the drug-related emergency department estimates, tables include two columns which indicate statistical testing for the differences between time periods. P-values are displayed to indicate the level of statistical significance associated with the differences. For example, to be statistically significant at the .05 level, the p-value must be less than or equal to .05. The direction of the difference (increasing or decreasing) is indicated by the "+" and "-" signs shown. Statistical testing of estimates within the same year was not performed.

Although tests for statistical significance are an important tool in interpreting data, significance does not always imply that the difference is large or important. Furthermore, while a level of significance equal to .05 is used to determine statistical significance in the DAWN reports, the level used depends on the purpose of the analysis. While large differences associated with p-values between .05 and .10 may be worth noting, some analysts, requiring more precision, might wish to use the .01 or .001 p-value to determine statistical significance. All changes described in this report as increases or decreases were tested and found to be statistically significant at least at the .05 level.

Quarterly estimates shown in previous Advance Reports have often revealed seasonal patterns of variation in reported episodes. To reduce the chance of bias due to quarterly variations, we have changed our reporting practices to publish semi-annual estimates. As noted in Appendix 1, DAWN episode reports are dependent on the cooperation of participating emergency departments and the number submitted is subject to fluctuation when reporting practices change.

## **APPENDIX 4: DETAILED TABLES**

Yearly Estimates for 1988 through 1993 Semi-annual Estimates for 1988 through 1993 ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, COCAINE MENTIONS, HEROIN MENTIONS, AND TOTAL VISITS\*\*: TOTAL COTERMINOUS U.S. BY YEAR, 1978 - 1993

	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993*
CATEGORY: DRUG EPISODES COCAINE MENTIONS HEROIN MENTIONS ED VISITS (1,000S)** PERCENT DRUG-RELATED ED VISITS		5,300 11,900	7,700 14,700 73,278	9,800 17,100 73,688	12,400 23,000 71,932	15,200 25,100 70,367	24,400 26,400 74,480	28,800 28,900 77,047	51,700 28,600 77,086	91,800 32,700 78,939	101,600 38,100 76,812	110,000 41,700	80,400 33,900 82,323	101,200 35,900 84,189	119,800 48,000 85,944	123,300 63,000 89,712

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION. NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS\*\*: TOTAL COTERMINOUS U.S. BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY:   DRUG EPISODES   197, 639   205, 399   322, 253   202,651   189,555   181,653   195,268   198,701   214,587   218,905   232,833   234,064   0.752 + 0.752   0.752	
CATEGORY:   DRUG EPISODES   197, 639   205, 399   322, 253   202,651   189,555   181,653   195,268   198,701   214,587   218,905   232,833   234,064   0.752 + 0.752   0.752	~VAL
CATEGORY: DRIG EPISODES DRIG MENTIONS ALCOHOL-IN-COMB. COCAINE 48,223 53,355 57,425 22,585 41,306 311,374 336,552 338,308 373,324 378,408 399,991 408,242 0.275 + 0.  HEROIN/MORPHINE ACETAMINOPHEN ASPIRIN 11,113 11,652 13,362 10,073 9,771 9,417 11,320 10,349 9,855 8,931 10,322 9,025 0.039 + 0.  ALCHARASHAH 10,734 8,426 7,866 7,081 7,977 8,708 8,526 6,988 8,874 7,525 9,300 8,869 0.437 - 0.  ALCHARASHAH 10,552 9,411 10,890 9,813 9,188 6,518 9,111 7,140 11,511 12,487 11,547 15,539 0.399 + 0.  ACETAMINOPINE ACETAMINOPHEN AFIRIN 10,552 9,411 10,890 9,813 9,188 6,518 9,111 7,140 11,511 12,487 11,547 15,539 0.399 + 0.  ACETAMIN,**CODENE**  8,713 8,856 4,775 4,618 3,899 4,370 3,614 3,057 3,282 3,869 3,165 2,735 6,739 0.349 4,086 3,117,54 7,482 5,580 0.437 - 0.  ACETAMIN,**CODENE** ACE	2.H2
CATEGORY: DRUG EPISODES DRUG MENTIONS ALCHOL-IN-COMB. ALCHOL-I	93@
DRUG EPISODES DRUG MENTIONS ALCOHOL-IN-COMB. 54,056 61,615 64,076 64,055 65,056 61,615 64,066 COCAINE HEROIN/MORPHINE 18,111 19,952 19,610 12,382 16,160 13,507 13,637 11,785 14,771 15,673 17,391 13,964 19,300 11,113 11,152 13,362 10,073 9,771 9,417 11,320 10,349 10,895 10,322 9,025 10,000	,,,,,,
DRUG MENTIONS ALCHOL-IN-COMB. 54,056 61,615 64,706 61,155 58,554 56,608 58,749 63,086 68,939 72,833 72,150 73,244 0.646 + 0. COCAINE HEROIN/MORPHINE ACETAMINOPHEN 10,938 12,382 16,160 13,507 13,637 11,785 14,771 15,673 17,391 13,964 19,430 15,550 0.090 - 0. ASPIRIN 11,113 11,652 13,362 10,073 9,771 9,417 11,320 10,349 9,895 8,939 10,322 9,025 0.059 - 0. ALPRAZOLAM ARAIJUANA/HASHISH DIAZEPAM ARIJUANA/HASHISH DIAZEPAM ARITHIPTYLINE 5,032 3,913 5,801 4,696 4,131 4,510 4,187 7,483 6,640 7,308 6,618 5,993 0.369 - 0. ACTAMIN./CODEINE 5,032 3,913 5,801 4,696 4,131 4,510 4,187 7,483 6,640 7,308 6,618 5,993 0.369 - 0. ACTAMIN./CODEINE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,799 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,759 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,777 4,096 5,521 4,460 4,134 4,088 3,759 3,555 3,772 3,322 3,864 4,118 0.596 + 0. D-PROPOXYPHENE 4,722 3,367 4,037 3,515 3,716 3,702 3,896 3,497 3,442 3,451 4,608 4,829 5,698 0.168 + 0. D-PROPOXYPHENE 4,788 4,888 4,894 4,988 3,799 3,247 3,304 4,233 3,971 0.685 - 0. D-PROPOXYPHENE 4,798 4,061 4,931 4,375 4,347 2,828 2,408 2,513 2,444 2,529 3,751 3,616 3,248 2,739 4,243 0.068 + 0. DYCODONE 1,508 1,931 4,061 4,077 3,751 3,762 2,583 3,448 2,298 3,445 2,299 4,082 3,739 0.050 4 0. DYCODONE 1,508 1,932 2,095 2,099 2,414 1,612 1,291 1,855 2,126 1,753 2,129 1,535 0.105 + 0. DYCODONE 1,648 1,923 2,095 2,099 2,414 1,612 1,291 1,85	
ALCCHOL-IN-COMB.  ALCCHOL-IN-C	001 +
ALCCHOL-IN-COMB.  COCAINE  48,223 53,355 57,428 52,585 41,306 39,049 46,600 54,588 57,723 62,119 61,051 62,265 0.526 + 0.  HERGIN/MORPHINE  18,111 19,952 19,601 22,055 18,026 15,858 17,291 18,607 21,438 26,565 30,766 32,199 0.339 + 0.  ACETAMINOPHEN  10,938 12,382 16,160 13,507 13,637 11,785 14,771 15,673 17,391 13,964 19,430 15,550 0.000 - 0.  IBUPROFEN  6,773 8,056 8,961 7,576 8,363 7,936 8,423 6,988 8,874 7,525 9,300 8,669 0.437 - 0.  ALPRAZOLAM  7,734 8,426 7,866 7,081 7,977 7,870 8,358 7,877 8,314 8,184 8,344 9,053 0.309 + 0.  AMARIJUANN/HASHISH  DIAZEPAM  AMITRIPTYLINE  ACETAMIN./CODEINE  4,777 4,096 5,521 4,460 4,131 4,510 4,187 4,472 5,300 4,831 4,774 5,379 0.442 + 0.  COCAINE  4,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.596 + 0.  COCAINE  COCAINE  4,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.596 + 0.  COCAINE  COCAINE  4,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.596 + 0.  COCAINE  COCAINE  4,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.596 + 0.  COCY-SLEEP-AIDS  1,628 1,927 2,711 4,206 3,431 3,425 4,289 4,038 3,379 4,233 3,971 0.685 - 0.  ELUXETINE  146 819 1,628 1,927 2,711 4,206 3,431 3,425 4,289 4,038 3,379 3,579 3,555 3,702 0.686 + 0.  COCYCODONE  1,688 1,912 2,666 1,500 2,424 2,103 2,661 1,880 1,541 2,299 1,686 1,786 0.848 + 0.  CLONAZEPAM  622 777 972 1,662 1,752 2,583 3,483 2,983 4,159 4,662 5,017 5,391 0.504 + 0.  HYDROCODONE  1,685 1,923 2,095 2,099 2,414 1,612 1,291 1,855 2,126 1,753 1,521 2,135 0.105 + 0.  HYDROCODONE  1,686 1,979 1,700 2,466 1,855 3,035 1,977 3,201 2,904 2,550 3,379 0.056 + 0.	000 +
COCAINE	861 ÷
HEROIN/MORPHINE ACETAMINOPHEN 10,938 12,382 16,160 13,507 13,637 11,785 14,771 15,673 17,391 13,964 19,430 15,550 0.000 - 0.   ASPIRIN 11,113 11,652 13,362 10,073 9,771 9,477 11,320 10,349 9,895 8,939 10,322 9,025 0.059 - 0.   ALPRAZOLAM 7,734 8,426 7,866 7,081 7,777 7,870 8,355 7,877 8,314 8,184 8,344 9,053 0.309 + 0.   AMITURINYLINE 8,713 8,887 9,058 7,974 8,525 6,311 7,154 7,483 6,640 7,308 6,618 5,993 0.369 - 0.   ACETAMIN./CODEINE 0,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.   ACETAMIN./CODEINE 0,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.   ACETAMIN./CODEINE 0,786 1,795 4,618 3,899 4,370 3,614 3,057 3,282 3,869 3,165 2,735 2,779 0.928 + 0.   ACETAMIN./CODEINE 0,786 1,786	
ACETAMINOPHEN ASPIRIN 11,113 11,652 13,362 10,073 ALPRAZOLAM ALPRAZOLAM ARAIJUNAN/HASHISH DIAZEPAM AMITRIPTYLINE ACETAMIN./CODEINE OTC-SLEEP-AIDS LORAZEPAM ACTAMIN./CODEINE ACTAMIN./COMPANE ACT	934 +
ASPIRIN IBUPROFEN 6,773 8,056 8,961 7,576 8,363 7,936 8,423 6,988 8,874 7,525 9,300 8,869 0,437 0,309 0,401 0,409 0,805 0,401 0,409 0,805 0,400	000 +
TRUPROPEN   6,773   8,056   8,961   7,576   8,363   7,936   8,423   6,988   8,874   7,525   9,300   8,869   0,437   0,442   0,445   0,455   0,457   0,442   0,455   0,457   0,442   0,455   0,457   0,442   0,455   0,457   0,455   0,455   0,457   0,455   0,455   0,457   0,455	085 +
ALPRAZOLAM 7,734 8,426 7,866 7,081 7,977 7,870 8,355 7,877 8,314 8,148 8,344 9,053 0,309 1,010 1,052 9,411 10,890 9,813 9,188 6,518 9,111 7,140 11,511 12,487 13,727 15,439 0,030 1,	
MARIJUANA/HASHISH DIAZEPAM 8,713 8,887 9,058 7,974 8,525 6,311 7,154 7,483 6,640 7,308 6,618 5,993 0.369 0.442 0.406 ACETAMIN./CODEINE OTC-SLEEP-AIDS LORAZEPAM 0-PROPOXYPHENE 10-PROPOXYPHENE DIPHENHYDRAMINE	
DIAZEPAM 8,713 8,887 9,058 7,974 8,525 6,311 7,154 7,483 6,640 7,308 6,618 5,993 0.369 - 0 AMITRIPTYLINE 5,032 3,913 5,801 4,696 4,131 4,510 4,187 4,472 5,300 4,831 4,774 5,379 0.442 + 0 ACETAMIN./CODEINE 4,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.596 + 0 OTC-SLEEP-AIDS 3,855 4,175 4,618 3,899 4,370 3,614 3,057 3,282 3,869 3,165 2,735 2,779 0.928 + 0 LORAZEPAM 2,225 2,545 3,616 3,440 3,875 3,751 3,417 3,493 4,317 4,608 4,829 5,698 0.168 + 0 D-PROPOXYPHENE 4,222 3,367 4,037 3,515 3,716 3,702 3,896 3,907 3,247 3,304 4,233 3,971 0.685 - 0 FLUOXETINE 146 819 1,628 1,927 2,711 4,206 3,431 3,425 4,289 4,038 3,379 4,243 0.068 + 0 DIPHENHYDRAMINE 3,047 2,869 3,190 3,597 3,269 3,214 3,297 3,442 3,451 4,411 3,895 3,702 0.640 - 0 METHAMPHET./SPEED 4,061 4,931 4,375 4,347 2,828 2,408 2,513 2,374 2,592 3,971 4,182 5,870 0.102 + 0 OXYCODONE 1,508 1,912 2,066 1,500 2,424 2,103 2,061 1,880 1,541 2,209 1,686 1,786 0.848 + 0 PCC/PCP COMBS. 6,430 5,916 4,476 3,566 2,215 2,194 1,941 1,529 2,267 3,016 3,286 3,241 0.875 - 0 LITHIUM-CARBONATE 2,259 1,609 1,694 2,149 2,495 1,906 2,456 2,049 2,406 2,248 2,739 2,667 0.850 - 0 CLONAZEPAM 622 777 972 1,662 1,752 2,583 3,483 2,983 4,159 4,062 5,017 5,391 0.504 + 0 HYDANTOIN 1,645 1,923 2,095 2,099 2,414 1,612 1,291 1,855 2,126 1,753 1,521 2,135 0.105 + 0 HYDROCODONE 1,878 812 1,979 1,700 2,066 1,855 3,035 1,977 3,201 2,904 2,550 3,739 0.016 + 0	251 +
AMITRIPTYLINE 5,032 3,913 5,801 4,696 4,131 4,510 4,187 4,472 5,300 4,831 4,774 5,379 0.442 + 0.000	001 +
ACETAMIN./CODEINE 4,777 4,096 5,521 4,460 4,134 4,088 3,579 3,555 3,772 3,322 3,864 4,118 0.596 + 0.0000000000000000000000000000000000	042 -
OTC-SLEEP-AIDS J. 855 4.175 4.618 3.899 4.370 3.614 3.057 3.282 3.869 3.165 2.735 2.779 0.928 + 0.1082	404 +
LORAZEPAM 2,225 2,545 3,616 3,440 3,875 3,751 3,417 3,493 4,317 4,608 4,829 5,698 0.168 + 0.16	181 +
D-PROPOXYPHENE 4,222 3,367 4,037 3,515 3,716 3,702 3,896 3,907 3,247 3,304 4,233 3,971 0.685 - 0.685 - 0.0100	594 -
FLUOXETINE 146 819 1,628 1,927 2,711 4,206 3,431 3,425 4,289 4,038 3,379 4,243 0.068 + 0.071	056 +
DIPHENHYDRAMINE 3,047 2,869 3,190 3,597 3,269 3,214 3,297 3,442 3,451 4,411 3,895 3,702 0.640 - 0.000	234 +
METHAMPHET./SPEED 4,061 4,931 4,375 4,347 2,828 2,408 2,513 2,374 2,592 3,971 4,182 5,870 0.102 + 0.000	772 +
OXYCODONE 1,508 1,912 2,066 1,500 2,424 2,103 2,061 1,880 1,541 2,209 1,686 1,786 0.848 + 0.845 + 0.84	213 -
PCP/PCP COMBS. 6.430 5.916 4.476 3,566 2,215 2,194 1,941 1,529 2,267 3,016 3,286 3,241 0.875 -	006 +
LITHIUM-CARBONATE 2,259 1,609 1,694 2,149 2,495 1,906 2,456 2,049 2,406 2,248 2,739 2,667 0.850 - 0. CLONAZEPAM 622 777 972 1,662 1,752 2,583 3,483 2,983 4,159 4,062 5,017 5,391 0.504 + 0. HYDANTOIN 1,645 1,923 2,095 2,099 2,414 1,612 1,291 1,855 2,126 1,753 1,521 2,135 0.105 + 0. HYDROCODDONE 1,878 812 1,979 1,700 2,066 1,855 3,035 1,977 3,201 2,904 2,590 3,739 0.016 + 0.	293 -
CLONAZEPAM 622 777 972 1,662 1,752 2,583 3,483 2,983 4,159 4,062 5,017 5,391 0.504 + 0. HYDANTOIN 1,645 1,923 2,095 2,099 2,414 1,612 1,291 1,855 2,126 1,753 1,521 2,135 0.105 + 0. HYDROCODONE 1,878 812 1,979 1,700 2,066 1,855 3,035 1,977 3,201 2,904 2,590 3,739 0.016 + 0.	475 +
HYDANTOIN 1,645 1,923 2,095 2,099 2,414 1,612 1,291 1,855 2,126 1,753 1,521 2,135 0.105 + 0. HYDROCODONE 1,878 812 1,979 1,700 2,066 1,855 3,035 1,977 3,201 2,904 2,590 3,739 0.016 + 0.	210 +
HYDROCODONE 1,878 812 1,979 1,700 2,066 1,855 3,035 1,977 3,201 2,904 2,590 3,739 0.016 +0.	028 +
1 2/304 2/304 2/304 3/33/0.016 4/0.	258 +
	177 +
LSD 2,181 1,655 1,524 1,897 1,877 1,992 1,734 2,112 1,751 1,748 1,534 1,835 0.313 +0.	794 +
	042 -
	230 -
COURT OD THE TOTAL TIPE TO THE TOTAL TOTAL TIPE TOTAL T	491 -
	858 -
	795 -
	017 +
	254 +
	071 +
NAPROXEN 959 1,898 2,003 1,535 1,439 1,771 1,587 1,836 1,542 1,148 1,997 1,250 0,020 - 0	709 +
IMIPRAMINE 2,495 1,833 2,286 1,436 1,434 1,437 1,509 1,883 2,419 1,952 1,737 1,654 0.836 - 0	426 -
CARBAMAZEPINE 884 1,140 1,191 1,679 1,292 1,769 1,615 1,768 1,619 1,700 2,304 2,684 0.375 + 0.	021 +
THIORIDAZINE 1,054 1,201 1,173 1,593 1,097 1,153 1,218 1,460 1,406 1,475 1,597 1,385 0.520 - 0	784 -
**************************************	000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

O IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATUS SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS\*\*: TOTAL COTERMINOUS U.S. BY YEAR, 1988 - 1993

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993©	P-VAL 1991, 1993@
	+							1333W
CATEGORY:						·		1
DRUG EPISODES	403,578	425,904		393,968	433,493	466,897	0.000 +	0.000 +
DRUG MENTIONS	668,153	713,392	635,460		751,731	808,233	0.000 +	0.000 +
ALCOHOL-IN-COMB.	115,671	125,861				145,394	0.269 +	0.000 +
COCAINE	101,578	110,013	80,355			123,317	0.276 +	0.000 +
HEROIN/MORPHINE	38,063	41,656		35,898	48,003	62,965		0.000 +
ACETAMINOPHEN	23,320	29,667	25,422	30,445	31,355	34,980	0.010 +	0.004 +
ASPIRIN	22,766	23,435		21,669	18,834			0.068 -
IBUPROFEN	14,829	16,537	16,299	15,411	16,400			0.042 +
ALPRAZOLAM	16,160	14,946		16,235				
MARIJUANA/HASHISH	19,962	20,703	15,706		23,997			0.000 +
DIAZEPAM	17,600	17,032	14,836			12,610	0.308 -	0.058 -
AMITRIPTYLINE	8,945	10,497		8,660	10,132	10,153		0.022 +
ACETAMIN./CODEINE	8,873	9,981	8,222	7,134	7,094	7,982		0.297 +
OTC-SLEEP-AIDS	8,030	8,517	7,984	6,339	7,034	5,514		0.286 -
LORAZEPAM	4,771	7,056		6,910		10,527		0.000 +
D-PROPOXYPHENE	7,589	7,552		7,803		8,204	0.052 +	0.642 +
FLUOXETINE	965	3,555		6,856		7,622	0.567 -	0.448 +
DIPHENHYDRAMINE	5,916	6,787		6,739		7,596	0.701 -	0.247 +
METHAMPHET./SPEED	8,992	8,722		4,887		10,052	0.000 +	0.000 +
OXYCODONE	3,420	3,566		3,941	3,750	3,472	0.594 -	0.499 -
PCP/PCP COMBS.	12,346	8,042			5,282	6,528	0.006 +	0.000 +
LITHIUM-CARBONATE	3,868	3,843	4,402	4,506	4,653	5,406	0.176 +	0.105 +
CLONAZEPAM	1,399	2,634	4,335	6,467	8,220	10,408	0.010 +	0.000 +
HYDANTOIN	3,567	4,193		3,146	3,879	3,655	0.640 -	0.295 +
HYDROCODONE	2,690	3,679	3,921	5,012	6,105	6,330	0.813 +	0.100 +
LSD	3,835	3,421		3,846	3,499	3,369	0.805 -	0.312 -
TILIAZOLAM	5,780	4,381	3,801	3,363	1,666	1,244	0.186 -	0.000 -
PHENOBARBITAL	2,982	4,395	3,668	3,016	3,220	2,999	0.590 -	0.967 -
DOXEPIN	3,640	4,135	3,457	3,734	3,605	3,477	0.819 -	0.657 -
CYCLOBENZAPRINE	2,222	2,615	3,453	3,092	2,731	2,749	0.971 +	0.475 -
HALOPERIDOL	2,543	2,944	3,415	3,176		3,291	0.422 +	0.819 +
AMPHETAMINE	3,832	3,437		2,296	3,713	5,602	0.032 +	0.005 +
TRAZODONE	2,225	2,763	3,003	4,255	4,640	5,933	0.028 +	0.006 +
CARISOPRODOL	2,341	2,745		4,228	5,922	6,847	0.319 +	0.005 +
NAPROXEN	2,858	3,537		3,423	2,690	3,247		
IMIPRAMINE	4,328	3,722	2,871	3,391	4,371		0.071 -	
CARBAMAZEPINE	2,024	2,870		3,384	3,319	4,988	0.006 +	0.009 +
THIORIDAZINE	2,256	2,766		2,679	2,881	2,982		
METHADONE	2,486	3,150		2,632	2,812	2,915	0.639 +	0.360 +
ED VISITS(1,000s)**	76,812	79,643	82,323	84,189	85,944	89,712		0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

#### CATEGORY: DRUG EPISODES

	JAN-JUN 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	Jan-Jun 93*	JUL-DEC 93*	P-VAL H1,H2 93,930	P-VAI H2, K2 92, 936
CATEGORY	,									,				<del>+</del> -
TOTAL U.S.	197.639	205 939	223 253	202 651	100 555	181,653	105 360	100 701	214 507	330 005				
ATLANTA	1,732	2,246	3,220	3,169	2,867	2,906	3,419	198, 702	214,587	218,905				
BALTIMORE	2,073	2,784	2,553	2,228	2,711	3,511		3,414		4,306				0.214
BOSTON (NECMA)	3,936	3,824	4,228	4,136	3,839		4,418	6,384	6,328	6,618	6,516			0.434
BUFFALO	673	714	600	637	571	4,053	4,511	5,021	6,300	6,444	6,221		0.044 +	
CHICAGO	7,225	7,021	8,374	7,777		587	891	769	1,099	863	1,074		0.000 +	
DALTAS	2,699	2,568			7,032	7,094	6,866	7,010	8,950	8,631	9,031		0.000 +	
DENVER	1,823		2,699	2,415	2,333	2,217	2,175	2,181	2,067	1,996	2,487		0.008 -	0.034
DETROIT		1,986	1,925	1,943	1,764	1,647	1,741	1,701	1,882	1,782	1,709			0.116
LOS ANGELES-LB	7,680	8,486	8,290	6,469	5,827	5,700	6,328	7,999	7,538	8,239	9,134		0.016 +	
MIAMI-HIALEAH	11,190	12,373	12,558	11,408	9,423	8,167	8,604	8,795	9,472	10,225	9,548		0.735 +	
	1,290	1,158	1,540	1,468	1,529	1,412	2,215	2,473	2,368	2,339	2,650		0.400 +	
MINNEAPOLIS-SP	2,218	2,142	2,096	1,920	1,803	1,812	1,935	1,761	1,909	2,013	2,083	2,281	0.036 +	0.034
NEW ORLEANS	2,915	3,078	3,206	2,690	2,801	3,034	2,783	2,985	2,910	2,442	2,121	2,039	0.176 -	0.001
NEW YORK	19,239	17,102	17,246	16,393	13,330	13,624	17,903	19,046	21,456	23,303	21,657	23,057	0.132 +	0.772
NEWARK	3,252	3,746	4,155	3,901	3,866	4,026	3,878	4,460	4,503	4,245	4,745	4,131	0.171 -	0.764
PHILADELPHIA	10,292	9,294	11,251	10,918	9,455	8,371	8,846	7,999	10,238	10,335	10,197	9,449	0.376 -	0.322
PHOENIX	2,885	2,931	3,100	2,503	2,727	2,498	2,750	3,168	3,064	3,039	3,130	2,770	0.000 -	0.238
ST LOUIS-MO-IL	2,288	2,008	2,229	1,940	1,989	1,798	2,211	2,383	2,317	2,088	1,979	2,115	0.424 +	0.894
SAN DIEGO	2,191	2,799	2,325	2,580	2,603	2,299	2,478	2,625	3,031	3,058	2,653	2,237	0.000 -	0.000
SAN FRANCISCO	4,199	3,883	5,678	6,437	5,631	6,476	5,776	5,924	5,185	5,407	5,719	4,670	0.000 -	0.000
SEATTLE	2,573	2,367	2,535	2,846	2,596	1,269	1,962	2,781	2,633	3,567	3,287	3,345	0.415 +	0.511
WASHINGTON DC	8,120	8,549	8,086	6,266	5,171	5,391	5,280	5,278	5,323	5,365	6,354	6,156	0.721 -	0.224
Z-NAT PANEL	97,147	104,879	115,359	102,609	99,689	93,761	98,298	94,542	101,554	102.601	116.972	116.427	0.878 -	0.002

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, BY METROPOLITAN AREA BY YEAR, 1988-1993

CATEGORY: DRUG EPISODES

									_
	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@	
CATEGORY									
TOTAL U.S.	403,578	425,904	371,208	393,968	433,493	466,897	0.000 +	0.000 +	ĺ
ATLANTA	3,978	6,389	5,773	6,833	8,767	7,456	0.032 -	0.253 +	ı
BALTIMORE	4,858	4,781	6,222	10,802	12,946	12,851	0.837 -	0.000 +	1
BOSTON (NECMA)	7,761	8,364	7,892	9,532	12,744	12,659	0.697 -	0.000 +	1
BUFFALO	1,387	1,237	1,158	1,660	1,962	2,620	0.000 +	0.000 +	1
CHICAGO	14,246	16,151	14,125	13,875	17,580	19,319	0.015 +	0.000 +	Į
DALLAS	5,266	5,114	4,550	4,356	4,062	4,723	0.003 +	0.281 +	I
DENVER	3,809	3,868	3,411	3,442	3,664	3,721	0.732 +	0.492 +	1
DETROIT	16,166	14,759	11,527	14,327	15,777	19,211	0.018 +	0.029 +	1
LOS ANGELES-LB	23,563	23,966	17,590	17,400	19,697	19,283	0.701 -	0.033 +	1
MIAMI-HIALEAH	2,449	3,008	2,941	4,688	4,707	5,479	0.027 +	0.030 +	ı
MINNEAPOLIS-SP	4,361	4,016	3,615	3,696	3,923	4,363	0.000 +	0.000 +	1
NEW ORLEANS	5,993	5,896	5,835	5,767	5,353	4,160	0.000 -	0.000 -	1
NEW YORK	36,342	33,638	26,954	36,948	44,759	44,714	0.975 -	0.010 +	١
NEWARK	6,998	8,057	7,892	8,338	8,748	8,876	0.904 +	0.846 +	ı
PHILADELPHIA	19,586	22,169	17,826	16,845	20,573	19,647	0.525 -	0.242 +	ı
PHOENIX	5,815	5,603	5,225	5,918	6,103	5,900	0.594 -	0.856 -	ı
ST LOUIS-MO-IL	4,295	4,168	3,787	4,594	4,405	4,094	0.319 -	0.013 -	1
SAN DIEGO	4,989			5,103			0.000 -	0.334 ~	1
SAN FRANCISCO	8,082						0.203 -	0.000 -	١
SEATTLE	4,940							0.032 +	
WASHINGTON DC	16,669				10,687			0.168 +	
Z-NAT PANEL	202,026	217,968	193,450	192,840	204,155	233,399	0.000 +	0.000 +	1

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG MENTIONS, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

#### CATEGORY: DRUG MENTIONS

	JAN-JUN 88	JUL~DEC	JAN-JUN 89	JUL-DEC	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC	P-VAL H1,H2 93,93@	P-VAL H2,H2 92,930
CATEGORY					-								i	Ĭ
TOTAL U.S.	329,353	338,799	372,593	340,799	324,086	311,374	336,552	338,308	373,324	378,408	399,991	408,242	0.275 +	0.000 +
ATLANTA	2,746	3,798	5,511	5,485	5,077	5,196	6,557	6,673	8,921	8,775	6,898	7,427	0.033 +	0.042 -
BALTIMORE	3,389	4,522	3,991	3,524	4,358	5,532	7,094	10,916	10,892	11,914	11,188	10,979	0.797 -	0.121 -
BOSTON (NECMA)	6,698	6,366	7,064	7,276	6,912	7,228	8,241	8,998	11,436	11,243	11,381	11,741	0.076 +	0.059 +
BUFFALO	1,052	1,153	917	995	958	928	1,445	1,244	1,857	1,389	1,898	2,645	0.000 +	0.000 +
CHICAGO	12.064	11,790	14.445	12,909	11,912	11,704	11,535	11.876	15,598	14,934	15.642	17,904	0.000 +	0.000 +
DALLAS	4,602	4,368	4,641	4,298	4,061	3,981	3,928	3,833		3,589	4,518	4,088	0.010 -	0.005 +
DENVER	3,233	3,580	3,401	3,356	3,086	2,892		2,970	3,197	3,140	2.932		0.145 +	0.193 +
DETROIT	11,275	12,947	13,429	10,571	9,850	9,452		13,661	13,565	14,813	16,973	18,845		0.005 +
LOS ANGELES-LB	17,979	18,611	18,702		16,248	14,138			15,869	17,853	16,468			0.602 -
MIAMI-HIALEAH	1.951	1.821	2,470	2,263	2,338	2,298		4,177	4,041	3,772	4,140			0.118 +
MINNEAPOLIS-SP	3,679	3,647	3,585	3,324	3,262	3,324	3,649	3,319	3,780	3,957	4,029		0.239 +	0.208 +
NEW ORLEANS	4,740	5,016	5,122	4,209	4,551	5,453			5,217		4,266	4,080	0.157 -	0.023 -
NEW YORK	27,848	24,777	24,533	24,152	19,963	20,569	25,712	26,624	31,142	34,507	31,623	33,178	0.310 +	0.312 -
NEWARK	5,649	6,587	7,043	6,720	7,081	7,128	7,085	7,961	7,640	7,203	8,149	7,202	0.269 -	0.999 -
PHILADELPHIA	16,064	14,264	17,827	17,414	15,370	13,808	14,177	12,653	17,321	18,495	18,369	16,325	0.303 -	0.227 -
PHOENIX	4,861	4,769	4,988	4,040	4,608	4,211	4,623	5,284	5,100	4,974	5,185	4,770	0.009 -	0.540 -
ST LOUIS-MO-IL	3,973	3,581	3,951	3,332	3,577	3,263	3,923	4,165	3,911	3,699	3,355	3,469	0.634 +	0.515 -
SAN DIEGO	3,654	4,665	3,885	4,233	4,301	3,901		4,676	5,059					0.000 -
SAN FRANCISCO	6,474	5,853	8,244	9,576	8,495	9,576	8,501	8,710	7,636	7,801	8,416	7,046	0.000 -	0.000 -
SEATTLE	4,387	3,862	4,095	4,647	4,257	2,165	3,292	4,702	4,346	6,007	5,557	5,503	0.693 -	0.367 -
WASHINGTON DC	14,353	14,957	14,223	10,616	8,888	9,055	9,058	9,177	9,080	9,249	11,054	10,765	0.814 -	0.225 +
Z-NAT PANEL	168,682	177,866	200,524	179,053	175,134	165,574	176,478	166,394	184,092	181,205	203,410	209,612	0.369 +	0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG MENTIONS, BY METROPOLITAN AREA BY YEAR, 1988-1993

CATEGORY: DRUG MENTIONS

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY		ĺ						
TOTAL U.S.	668,153	713,392	635,460	674.861	751,731	808,233	0.000 +	0.000 +
ATLANTA	6,544	10,996		13,230			0.005 -	0.313 +
BALTIMORE	7,911					22,167	0.424 -	0.000 +
BOSTON (NECMA)	13,063	14,340		17,239		23,122	0.378 +	0.000 +
BUFFALO	2,204	1,912		2,688			0.000 +	0.000 +
CHICAGO	23,854	27,355		23,411		33,547	0.018 +	0.000 +
DALLAS	8,970	8,939		7,761			0.003 +	0.235 +
DENVER	6,813	6,757					0.778 -	0.617 +
DETROIT	24,223	24,000	19,102	24,377		35,817	0.014 +	0.018 +
LOS ANGELES-LB	36,590	37,508	30,386	30,223		33,232	0.878 -	0.122 +
MIAMI-HIALEAH	3,772	4,734	4,636	7,694	7,813	8,503	0.202 +	0.184 +
MINNEAPOLIS-SP	7,327	6,909	6,586	6,968	7,737	8,415	0.028 +	0.001 +
NEW ORLEANS	9,756	9,331	10,004	9,865	9,873	8,346	0.000 -	0.000 -
NEW YORK	52,626	48,685	40,532	52,336	65,648	64,801	0.695 -	0.013 +
NEWARK	12,236	13,763	14,209	15,046	14,843	15,351	0.808 +	0.958 +
PHILADELPHIA	30,328	35,242	29,178	26,830	35,817	34,694	0.646 -	0.067 +
PHOENIX	9,630	9,028	8,820	9,907	10,074	9,954	0.846 -	0.878 +
ST LOUIS-MO-IL	7,553	7,283	6,840	8,088	7,610	5,824	0.134 -	0.000 -
SAN DIEGO	8,319			8,896	10,291	8,339	0.000 -	0.204 -
SAN FRANCISCO	12,327			17,210	15,436	15,463	0.908 +	0.002 -
SEATTLE	8,250		6,422	7,993	10,353	11,050	0.351 +	0.035 +
WASHINGTON DC	29,310			18,234		21,819	0.203 +	0.202 +
Z-NAT PANEL	346,548	379,577	340,707	342,872	365,297	413,022	0.001 +	0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT COCAINE MENTIONS, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 -2ND HALF 1993

CATEGORY: COCAINE

	JAN-JUN 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC	P-VAL H1,H2 93,93@	P-VAL H2,H2 92,93@
CATEGORY	Ì				)									Ì
TOTAL U.S.	48,223	53,355	57,428	52,585	41,306	39,049	46,600	54,588	57,723	62,119	61,051	62,266	0.526 +	0.934
ATLANTA	461	822	1,580	1,735	1,446	1,297	1,393	1,874	2,517	2,601	1,996	2,249	0.014 +	0.166
BALTIMORE	776	1,218	1,075	764	1,247	1,776	2,416	4,271	3,888	4,190	3,803	3.584	0.578 -	0.043
BOSTON (NECMA)	1,164	1,315	1,250	1,300	973	989	1,237	1,755	2,184	2,083	2,023	1,912	0.205 -	0.223
BUFFALO	98	183	150	147	154	128	242	228	368	275	425	587	0.000 +	0.000
CHICAGO	2,936	2,942	3,358	3,151	2,444	2,460	2,645	2,930	4,139	4,075	4,206	5,235	0.000 +	0.000
DALLAS	823	772	703	611	592	436	608	693	587	634	680	660	0.474 -	0.528
DENVER	362	469	408	463	329	240	299	400	401	437	353	563	0.020 +	0.019
PETROIT	2,769	3,656	3,688	2,636	1,942	1,947	2,302	3,617	3,140	3,799	4,205	4,879	0.000 +	0.017
LOS ANGELES-LB	3,112	3,527	3,582	3,417	2,256	1,872	2,284	2,617	2,551	2,786	2,497	2,573	0.708 +	0.462
MIAMI-HIALEAH	385	346	534	440	4.05	343	769	1,069	958	982	1,279	1,354	0.259 +	0.000
MINNEAPOLIS-SP	419	371	286	265	146	153	190	206	243	206	200	248	0.000 +	0.005
NEW ORLEANS	1,661	1,738	1,915	1,694	1,748	1,649	1,661	1,825	1,713	1,135	837	883	0.199 +	0.000
NEW YORK	9,268	7,650	7,428	7,498	6,178	6,454	7,769	8,330	9,180	11,233	10,400	10,520	0.814 +	0.179
NEWARK	1,744	2,326	2,317	2,301	2,060	1,693	1,831	2,185	2,121	1,896	1,912	1,777	0.538 -	0.583
PHILADELPHIA	5,262	4,948	6,498	6,189	4,746	4,174	4,571	4,199	5,403	5,583	5,135	4,790	0.561 -	0.181
PHOENIX	777	738	533	410	354	260	341	462	413	495	484	350	0.000 -	0.000
ST LOUIS-MO-IL	1	296	359	350	335	365	601	817	691	754	607	680	0.487 +	0.522
SAN DIEGO	240	300	323	392	413	312	382	464	599	550	425	367	0.093 -	0.000
SAN FRANCISCO	909	1,016	1,590	1,591	1,070	1,227	1,489	1,562	1,306	1,454	1,432	1,254	0.000 -	0.000
SEATTLE	757	738	815	865	579	198	409	715	561	885	764	845	0.026 +	0.547
WASHINGTON DC	3,958	4,520	4,579	3,275	2,482	2,306	2,236	2,336	2,137	2,099	2,166	2,037	0.686 -	0.738
Z-NAT PANEL	10,070		14,456	13,092	9,408	8,769	10,926	12,031			15,223	14.910	0.844 -	0.502

<sup>+</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT COCAINE MENTIONS, BY METROPOLITAN AREA BY YEAR, 1988-1993

#### CATEGORY: COCAINE

										_
		TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@	
	CATEGORY	1	1							
-	TOTAL U.S.	101,578	110.013	80.355	101,189	119.843	123.317	0.276 +	0.000 +	l
	ATLANTA	1,283		2,743	3,266				0.008 +	ı
1	BALTIMORE	1,994	1,839	3,023	6,687	8,078		0.011 -	0.051 +	l
	BOSTON (NECMA)	2,480	2,550	1,961		4,266		0.040 -	0.000 +	İ
	BUFFALO	281	297	282	469	644	1,013	0.000 +	0.000 +	İ
	CHICAGO	5,877	6,509	4,904	5,575	8,214	9,441	0.027 +	0.000 +	ļ
	DALLAS	1,595	1,314	1,028	1,302	1,221	1,340	0.191 +	0.686 +	1
	DENVER	832	870	569	699	838	916	0.242 +	0.258 +	
	DETROIT	6,426	6,324	3,888	5,919	6,939	9,084	0.034 +	0.061 +	
	LOS ANGELES-LB	6,639	6,999	4,129	4,901			0.561 -	0.635 +	
	MIAMI-HIALEAH	731	974	748	1,838	1,940	2,643	0.003 +	0.003 +	
	MINNEAPOLIS-SP	790		299	396	449	448	0.980 -	0.020 +	
-	NEW ORLEANS	3,399	3,608	3,397	3,486	2,847	1,720	0.000 -	0.000 -	١
	NEW YORK	16,917		12,632		20,414	20,919	0.561 +		١
.,	NEWARK	4,070	4,618	3,752	4,016	4,017	3,689	0.626 -	0.871 -	1
	PHILADELPHIA	10,209	12,688	8,920		10,986		0.248 -	0.422 +	ı
	PHOENIX	1,515	943	614	803	908	834	0.219 -	0.676 +	1
- 1	ST LOUIS-MO-IL	567	709	700	1,419	1,445	1,287	0.343 -	0.352 -	١
	SAN DIEGO	540	715	725	846	1,149	792	0.000 -	0.426 -	l
	SAN FRANCISCO	1,926	3,180	2,297	3,052			0.089 -	0.000 -	ı
	SEATTLE	1,496		777				0.002 +		L
	WASHINGTON DC	8,478		4,788	4,572		4,203	0.944 -	0.488 -	ı
	Z-NAT PANEL	23,534	27,548	18,178	22,958	26,591	30,133	0.159 +	0.019 +	I

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993 CATEGORY: HEROIN/MORPHINE

	JAN-JUN 88	JUL-DEC	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC 93*	P-VAL H1,H2 93,93@	P-VAI H2,H2 92,936
CATEGORY			i										• 	1
TOTAL U.S.	18,111	19,952	19,601	22,055	18,026	15,858	17,291	18,607	21,438	26,566	30,766	32,199	0.339 +	0.000
ATLANTA	30	53	26	47	28	46	59	98	118	114	109	141	0.073 +	0.043
BALTIMORE	436	626	- 553	536	641	1,027	1,517	2,375	2,376	2,730	2,575	2,946	0.060 +	0.183
BOSTON (NECMA)	589	647	545	600	409	522	496	669	960	1,101	1,140		0.860 +	
BUFFALO	49	112	56	39	74	32	80	75	82	90	95	194	0.000 +	0.000
CHICAGO	900	949	1,005	1,119	952	1,087	1,108	1,154	1,440	1,518	1,647	2,240	0.000 +	0.000
DALLAS	140	147	158	155	157	160	110	124	135	141	147		0.828 -	0.748
DENVER	71	87	- 95	95	69	65	61	48	61	62	. 89	165	0.000 +	0.000
DETROIT	1,449	1,347	1,053	910	784	767	846	982	867	976	1,114		0.028 +	
LOS ANGELES-LB	1,468	1,965	2.008	1,771	1,499	904	823	851	1,204	1,741	1.742		0.689 +	
MIAMI-HIALEAH	20	11	21	34	34	21	50	96	92	89	112		0.166 +	
MINNEAPOLIS-SP	25	43	49	53	59	33	36	40	42	52	60	77	0.012 +	0.000
NEW ORLEANS	277	231	230	139	119	140	96	127	88	65	59		0.000 +	
NEW YORK	2,994	2,400	2,377	3,060	1,930	1,881	2,684	3,335	3,879	4,503	5,090		0.035 +	
NEWARK	687	967	935	1,043	1,102	952		1,256		1,592			0.357 -	1
PHILADELPHIA	868	880	1,561		1,403	1,250	1,474	950	1,182	1,182	1,349		0.555 -	0.797
PHOENIX	150	209	223	221	188	165	139	209	171	153	251		0.526 -	0.000
ST LOUIS-MO-IL		50	56	62	55	49	83	94	84	119	123	87	0.074 -	0.016
SAN DIEGO	118	274	247	352	434	322	366	408	475	547	390	355	0.112 -	1
SAN FRANCISCO	892		1,654	2,151	1,938	2,017	1,531	1,608	1,470	1,661	1,763	1,506	0.000 -	0.000
SEATTLE	363	353	345	550	491	126	358	431	385	714	798		0.317 -	0.118
WASHINGTON DC	1,235	1,198	979	781	609	725	708	772	698	813	811	606	0.000 -	0.000
Z-NAT PANEL	5,268		5,422	6,545	5,051	3,568	3,596	2,906	4,354	6,602	8,958		0.999 -	0.043

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\* IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY METROPOLITAN AREA BY YEAR, 1988-1993

#### CATEGORY: HEROIN/MORPHINE

	TOTAL 1988	TOTAL 1989	TOTAL 1990	ТОТАL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY TOTAL U.S. ATLANTA BALTIMORE BOSTON (NECMA) BUFFALO CHICAGO DALLAS DENVER DETROIT LOS ANGELES-LB MIAMI-HIALEAH MINNEAPOLIS-SP NEW ORLEANS	38,063 84 1,062 1,237 162 1,848 287 158 2,796 3,433 31 68 508	41,656 73 1,089 1,145 96 2,124 323 190 1,963 3,780 56 102 369	33,884 74 1,667 931 106 2,039 317 134 1,552 2,403 55 92 259	35,898 157 3,892 1,165 155 2,262 234 109 1,828 1,674 145 76	48,003 232 5,106 2,061 172 2,958 276 123 1,843 2,944 181 94	62,965	0.000 + 0.451 + 0.000 + 0.000 + 0.000 + 0.534 + 0.000 + 0.016 + 0.008 + 0.000 + 0.000 + 0.019 -	0.000 + 0.001 + 0.000 + 0.000 + 0.000 + 0.020 + 0.020 + 0.108 + 0.000 + 0.000 +
NEW YORK NEWARK PHILADELPHIA PHOENIX ST LOUIS-MO-IL SAN DIEGO SAN FRANCISCO SEATTLE WASHINGTON DC Z-NAT PANEL	5,394 1,654 1,748 359 130 393 1,978 716 2,433 11,585	5,438 1,978 3,350 445 118 600 3,805 895 1,761 11,968	3,810 2,054 2,653 353 105 756 3,954 616 1,334	6,019 2,328 2,424 348 177 773 3,140 789 1,480	8,382 2,868 2,364 324 204 1,022 3,131 1,100 1,512 10,956	11,268 4,370 2,470 487 210 745 3,269 1,579 1,417	0.122 + 0.081 + 0.678 + 0.000 + 0.777 + 0.009 + 0.008 + 0.438 -	0.030 + 0.251 + 0.933 + 0.055 + 0.079 + 0.755 - 0.286 + 0.040 + 0.667 - 0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: MARIJUANA/HASHISH

	JAN-JUN 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC 93*	P-VAL H1,H2 93,93@	P-VAL H2,H2 92,930
CATEGORY	Ĭ	ĺ				İ				ĺ				Ĭ
TOTAL U.S.	10,552	9,411	10,890	9,813	9,188	6,518	9,111	7,140	11,511	12,487	13,727	15,439	0.030 +	0.001 +
ATLANTA	66	220	424	437	187	220	276	333	446	511	384	431	0.000 +	0.075 -
BALTIMORE	76	98	70	61	104	82	115	240	294	379	307	289	0.385 -	0.000 -
BOSTON (NECMA)	153	111	226	206	176	151	312	305	514	491	555	646	0.031 +	0.001 +
BUFFALO	·	16	17	18	. 11	17	31	23	35	29	52	91	0.000 +	0.000 +
CHICAGO	597	534	758	523	509	479	442	366	800	688	665	820	0.001 +	0.024 +
DALLAS	327	268	. 266	263	223	132	143	110	178	163	195	173	0.178 -	0.323 +
DENVER	121	137	129	144	108	66	105	68	92	140	89	114	0.021 +	0.000 -
DETROIT	528	584	744	388	351	238	341	465	685	803	1,187	1,551	0.003 +	0.000 +
LOS ANGELES-LB	620	636	570	792	639	461	548	507	609	722	839		0.688 -	0.605 +
MIAMI-HIALEAH	59	32	85	64	67	64	223	220	216	148	208	252	0.000 +	0.000 +
MINNEAPOLIS-SP	105	69	104	86	70	76	91	43	140	136	177	220	0.115 +	0.080 +
NEW ORLEANS	284	266	219	177	258	352	291	189	232	259	273	350	0.000 +	0.000 +
NEW YORK	1,213	683	808	918	667	614	605	591	869	1,134	994	1,074	0.248 +	0.417 -
NEWARK	227	206	217	194	267	208	l	1	187	209	211	210	0.971 -	0.980 +
PHILADELPHIA	626	452	598	648	548	313	387	305	700	948	1,070	880	0.400 -	0.712 -
PHOENIX	209	148	. 77	46	63	56	71	58	88	84	122	102	0.695 -	0.141 +
ST LOUIS-MO-IL		106	141	74	86	75	90	114	102	115	79	84	0.596 +	0.271 -
SAN DIEGO	137	137	173	167	158	136	151	139	190	227	262	189	0.059 -	0.046 -
SAN FRANCISCO	249	99	206	262	248	203	162	143	112	167	196	200	0.139 +	0.001 +
SEATTLE	110	120		138	127		126	165	168	174	185			0.603 +
WASHINGTON DC	1,103			718	528	388	557	402	617		1,038			0.104 +
Z-NAT PANEL	3,550	3,487	3,984	3,489	3,794	2,083	3,813	2,155	4,237	4,320	4,640	5,726	0.117 +	0.091 +

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS, BY METROPOLITAN AREA BY YEAR, 1988-1993

#### CATEGORY: MARIJUANA/HASHISH

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY			i - i		İ			
TOTAL U.S.	19,962	20,703	15,706	16,251	23,997	29,166	0.000 +	0.000 +
ATLANTA	286	861	407	610	957	815	0.146 -	0.019 +
BALTIMORE	174	131	186	355	672	597	0.000 -	0.000 +
BOSTON (NECMA)	264	432	327	616	1,006	1,201	0.005 +	0.002 +
BUFFALO	25	35	28	54	64	142	0.000 +	0.000 +
CHICAGO	1,131	1,281	988	808	1,488	1,485	0.984 -	0.000 +
DALLAS	595		354	253	341	368	0.259 +	0.015 +
DENVER	259	273	174	173	232	203	0.004 -	0.201 +
DETROIT	1,112	1,132	589	807	1,487	2,738	0.001 +	0.002 +
LOS ANGELES-LB	1,256			1,055	1,331	1,633	0.135 +	
MIAMI-HIALEAH	91	148	131	443	364	461	0.025 +	
MINNEAPOLIS-SP	174	190	147	134		397	0.048 +	0.063 +
NEW ORLEANS	550		610	480		623	0.000 +	
NEW YORK	1,897			1,195	2,004	2,068	0.571 +	0.000 +
NEWARK	433	411			396	420	0.759 +	
PHILADELPHIA	1,077			692	1,648	1,950	0.083 +	
PHOENIX	356	123		129	171	225	0.148 +	
ST LOUIS-MO-IL		215	160	204		164	0.159 -	0.051 -
SAN DIEGO	274	340		290	416	451	0.192 +	0.012 +
SAN FRANCISCO	349	468		305		397	0.000 +	
SEATTLE	230			291	342	371		
WASHINGTON DC	2,105			959				
Z-NAT PANEL	7,037	7,472	5,877	5,967	8,557	10,366	0.091 +	0.000 +

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.

+ ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF TOTAL EMERGENCY DEPARTMENT VISITS, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: ED VISITS (IN 1,000s) \*\*

	JAN-JUN 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC	P-VAL H1,H2 93,93@	P-VAL H2,H2 92,93@
CATEGORY						 			 	 	 			<b>†</b>
TOTAL U.S.	38,284	38,529	39,507	40,137	40,814	41,510	41,466	42,723	42,046	43,899	44,985	44,727	0 000 -	0.000 4
ATLANTA	449	499	495	543	517	516	521	538	518	528	515	•	0.367 +	0.147
BALTIMORE	375	379	379	402	380	385	398	405	393	397	392			0.000
BOSTON (NECMA)	827	813	818	837	813	849	827	856	868	882	846			0.000
BUFFALO	151	157	158	159	160	170	166	169	170	176	171			0.000
CHICAGO	933	960	995	1,071	1,063	1,089	1,036	1,061	1,082	1,115	1,101		0.000 -	0.000
DALLAS	302	317	308	327	358	377	368	354	368	389	401			0.145
DENVER	217	216	220	223	212	218	211	216	228	242	237		0.000 -	0.000
DETROIT	744	733	760	725	773	783	756	766	741	767	764			0.000
LOS ANGELES-LB	1,043	1,159	1,173	1,184	1,203	1,132	1,115	1,188	1,118	1,178	1,126			0.000
MIAMI-HIALEAH	257	256	269	273	267	266	285	289	275	289	284			0.031
MINNEAPOLIS-SP	304	291	285	304	300	316	322	334	305	318	294			0.000
NEW ORLEANS	269	267	278	267	257	249	251	255	252	269	274		0.112 -	0.576
NEW YORK	1,701	1,660	1,672	1,687	1,751	1,635	1,566	1,655	1,599	1,634	1,641			0.000
NEWARK	356	339	375	367	377	375	315	322	301	316	330			0.000
PHILADELPHIA	931	960	913	935	911	946	849	871	897	930	858			0.000
PHOENIX	254	248	268	242	268	275	300	301	312	319	339		0.002 -	0.536
ST LOUIS-MO-IL	383	374	386	407	388	395	431	432	377	412	415			0.092
SAN DIEGO	283	290	289	308	300	294	301	311	302	312	304		0.000 -	0.000
SAN FRANCISCO	274	273	292	283	278	276	270	287	276	267	271		0.000 -	0.000
SEATTLE	273	247	284	. 282	304	298	303	333	308	344	332		0.000 -	0.000
WASHINGTON DC	515	544	558	561	555	558	537	563	520	528	600			0.000
Z-NAT PANEL	27,442	27,549	28,332	28,749	29,378	30,108	30,336	31,217	30,836		33,490			0.000

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF TOTAL EMERGENCY DEPARTMENT VISITS, BY METROPOLITAN AREA BY YEAR, 1988-1993

CATEGORY: ED VISITS (IN 1,000s) \*\*

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY								
TOTAL U.S.	76,812	79,643	82,323	84,189	85,944	89,712	0.000 +	0.000 +
ATLANTA	948	1,038	1,033	1,059	1,046	1,035	0.437 -	0.141 -
BALTIMORE	754	780	764	803	790	787	0.000 -	0.000 -
BOSTON (NECMA)	1,640	1,655	1,662	1,683	1,749	1,742	0.000 -	0.000 +
BUFFALO	308	317	330	336	346	346	0.000 +	0.000 +
CHICAGO	1,894	2,066	2,152	2,098	2,197	2,180	0.000 -	0.000 +
DALLAS	619	634	735	722	757	807	0.030 +	0.000 +
DENVER	433	442	431	427	469	469	0.984 -	0.000 +
DETROIT	1,477	1,485	1,556	1,522	1,507	1,558	0.000 +	0.000 +
LOS ANGELES-LB	2,203	2,357	2,335	2,303	2,296	2,252	0.000 - [	0.000 -
MIAMI-HIALEAH	513	542	533	574	565	555	0.572 -	0.000 -
MINNEAPOLIS-SP	594	589	616	656	623	594	0.000 -	0.000 -
NEW ORLEANS	536	546	506	506		540	0.007 +	0.000 +
NEW YORK	3,361	3,358	3,386	3,221	3,233	3,295	0.000 +	0.000 +
NEWARK	696	742	752	637	617	647	0.000 +	0.000 +
PHILADELPHIA	1,891	1,848	1,857	1,720	1,827	- 1,734	0.000 -	0.000 +
PHOENIX	502	511	544	601	631	643	0.729 +	0.000 +
ST LOUIS-MO-IL	757	794	783	863	789	856	0.025 +	0.482 -
SAN DIEGO	573	597	594	612	614	586	0.000 -	0.000 -
SAN FRANCISCO	547	575	554	558	543	521	0.000 -	0.000 -
SEATTLE	520	567	602	637	652	637	0.154 -	0.974 +
WASHINGTON DC	1,059	1,119	1,112	1,101	1,048	1,202		0.000-+
Z-NAT PANEL	54,990	57,081	59,486	61,553	63,124	66,727	0.000 +	0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: DRUG EPISODES

ī		 I	 I			 I									
- 1		MITMAT.	TIL-DEC	MITTMAT.	ישת בחדר.	.TANT TITAT	TIT - DEC	TANK TYPN	TITE DEC	TRAY T'0.		JAN-JUN		P-VAL	P-VAL
- 1		88	88	89	89	90	90	91	91	92	92	93*			H2,H2
1			,	h				J+	JI	32	92	93*	93*	93,93@	92,930
	OOMAIN		ĺ			i .	į ·	i			i .	1	 	*	!
- I	TOTAL U.S.***	197,639	205,939	223,253	202,651	189.555	181.653	195.268	198.701	214.587	218 905	232,833	234 064	0 752	اء دوه وا
1							1				i	F	İ	i	1 1
	AGE 6-34	145,040	150.261	160,128	141,744	132,267	122,031	132,139	129,734	139,513	138,374	148,713	144.101	0.072 -	0.113 +
	AGE 12-17	28,866	25,340	30,843	24,456	26,088	23,020	26,082	21,413	24,899	21,923			0.002 -	
	AGE 18-25	55,963		59,662							47,254	50,791		0.172 -	
	AGE 26-34	59,874		68,946										0.453 +	
1	AGE 35+	51,825	54,890	62,664	60,191	56,90€	59,048	62,735	68,117	74,610	79,960	83,327	89,508	0.002 +	0.000 +
- İı	ALE	92.509	99 846	107,003	97 200	87,878	05 000	91,389	00 00-	107 252					
	FEMALE		104,345					101.926	90,065	107,213	112,394	113,154	120,189	0.016 +	0.006 +
		203,500	201,015	,	203,503	22,321	34,100	101,326	33,046	103,434	104,617	117,376	111,396	0.009 -	0.015 +
- 1	WHITE	111,840	118,687	129,340	114,523	111.397	105.794	111.510	110.032	116.640	119.003	124,551	127 472	0 300 1	0 022
ij	BLACK	47,899	48,421	50,998	46,482	43,596	44,720	51,952	54,962	60,797	62,083	62.856	64.437	0.368 +	0.031 +
	HISPANIC	16,079	17,905	20,199	18,544	15,914								0.232 -	
	OTHER RACE	1,250		1,510	1,717	1,780	1,850	1,979	1,598					0.078 -	
	RACE UNK.	20,572	19,337	21,206	21,385	16,868	15,368	14,271	14,583	14,552	13,952	17,517		0.768 -	
- [									_ "		_			l	
	CENTRAL CITY OUTSIDE CEN. CITY	65,469												0.004 +	
	NATIONAL PANEL	35,023	36,699 104,879			33,607					35,459			0.093 -	0.909 -
- 1	ALIONAL PANEL	31,111	104,673	113,333	102,609	99,689	93,761	98,298	94,542	101,554	102,601	116,972	116,427	0.878 -	0.002 +
-1:	RECREATIONAL USE	20,503	22,077	22,237	20,113	15,223	14,593	15,234	15,128	16,240	18,768	17,921	10 267	0.665 +	
	DEPENDENCE	52,402			58,915									0.463 +	
	SUICIDE	85,262		101,194										0.115 -	
- 1	THER/UNK MOTIVE	39,472		39,028		36,563	35,667				46,092			0.322 +	
- 1		·	<b> </b>					·			4-,	,	52,020		13.030
	NEXPECTED REACT.	22,136	25,416	26,782	23,770	19,796	17,480	19,942	21,305	23,966	28,622	27,166	28,040	0.520 +	0.672 -
	OVERDOSE	112,693	116,657	127,422	113,888	115,327	109,497	112,732	111,457	117,680	114,994	126,071	122,992	0.288 -	0.014 +
	CHRONIC EFFECTS	20,493	22,419	24,702	20,681	18,173	18,895	21,205	22,758	23,556	23,308	24,632	24,801	0.842 +	0.231 +
	SEEKING DETOX.	19,848													0.930 +
	OTHER/UNK REASON	17,613		4,512					3,491	4,107	5,744	4,602			0.365 +
- 1	JAHLIN ONK KENSON	1 27,013	, 17,303	1 10,300	10,033	13,835	10,322	19,317	21,382	23,453	23,247	25,562	28,498	0.043 +	0.001 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988-1993

CATEGORY: DRUG EPISODES

٠.										
		TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1.993*	P-VAL 1992, 1993@	P-VAL - 1991, 1993@	
	DOMAIN TOTAL U.S.***	403,578	425,904	371,208	393,968	433,493	466,897	0.000 +	0.000 +	
	AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+ AGE 35-44 AGE 45-54	54,206 114,753 125,657 106,716 74,216	55,299 111,707	49,109 92,216 111,980 115,954 79,703	47,494 92,410 121,354 130,852 91,275	46,822 96,307 133,506 154,570 108,711	99,794 140,234 172,835 121,784	0.225 + 0.031 + 0.000 + 0.000 +	0.000 + 0.083 + 0.013 + 0.000 + 0.000 + 0.000 + 0.000 +	
	AGE 55+ MALE FEMALE	13,124 192,354	15,062 204,203	14,622 172,976	14,100 189,455	14,333 219,607		0.485 +	0.498 + 0.000 + 0.000 +	
-	WHITE BLACK HISPANIC OTHER RACE RACE UNK.	230,527 96,319 33,983 2,839 39,910	38,743 3,228	88,317 29,834 3,631	106,914 33,082 3,577	122,880 42,174 4,293	127,293 47,624 5,321	0.012 + 0.256 + 0.018 + 0.161 + 0.005 +	0.000 + 0.000 + 0.001 + 0.029 + 0.073 +	
	CENTRAL CITY OUTSIDE CEN. CITY NATIONAL PANEL	129,830 71,722 202,026	129,308 78,627 217,968	64,304 193,450	64,692 192,840	70,445 204,155	233,399	0.000 +	0.000 + 0.040 + 0.000 +	
	RECREATIONAL USE DEPENDENCE SUICIDE OTHER/UNK MOTIVE	109,516 175,671	42,351 119,709 189,293 74,551	96,346 172,816	114,009 172,710	135,280 172,403	36,288 144,274 184,417 101,917	0.036 +	0.029 + 0.000 + 0.048 + 0.000 +	
	UNEXPECTED REACT. OVERDOSE CHRONIC EFFECTS SEEKING DETOX. WITHDRAWAL OTHER/UNK REASON	42,912 39,387 9,261	241,310 45,384 40,885 10,353	224,824 37,069 31,070 8,159	43,964 36,704 7,166	232,674 46,865 44,815 9,851	49,434 47,931 11,204	0.006 + 0.337 + 0.280 + 0.294 +	0.001 + 0.057 + 0.030 + 0.000 +	

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS, WITH 24-HOUR EMERGENCY DEPARTMENTS.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: DRUG MENTIONS

- 1															
- 1										l				P-VAL	P-VAL
		JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	H1.H2	H2.H2
-1		88	88	89	89	90	-90	91	91	92	92	93*	93*	93,930	
-		F	h <u>-</u>							+			h		32,330
[	OMAIN	!	1	1			Ì	İ	Ĭ	i ' '				,	
- 17	TOTAL U.S.***	329.353	338.799	372.593	340 799	324 086	311 374	336 553	220 200	272 224	378,408	300 001	أممم مممأ		
		,	200,.33	0.2,333	3.0,,55	321,000	244,574	330,332	330,300	373,324	3 /0,400	399,991	498,242	0.275 +	0.000 +
١,	GE 6-34	230 876	244 511	261 047	225 215	222 762	204 264	222 445	017 000						1
	AGE 12-17	44 105	20 427	47 227	233,313	223, 702	204,364	222,445	217,992	240,168	236,364	252,210	248,385	0.449 -	0.067 +
	AGE 18-25	93,308	30,437	97,232	37,054	39,678	35,697	40,147	32,398	39,172	33,797	41,683	37,757	0.077 -	0.071 +
	AGE 26-34		35,796	98,672	85,378	82,822	71,171	78,163	75,039	85,152	81,528	85,382	84,580	0.746 -	0.310 +
		100,982	109,835	115,301	111,998	100,153	96,834	103,677	110,187	114,904	120,418	123,983	125,404	0.734 +	0.222 +
1	AGE 35+	89,246	92,911	109,876	104,314	99,714	106,074	113,367	119,165	132,495	141,114	146,230	159,065	0.000 +	0.000 +
١.				i i				i .	ŀ	ł	- 1				1
	IALE	155,140	164,604	178,683	163,162	153,555	147,900	159,145	166,808	186,668	196,120	196.224	207.103	0.040 +	0 032 4
F	FEMALE	171,192	171,431	190,146	174,973	167,527	159,036	174,283	168,556	182,896	178,676	199.929	196.718	0.490 -	0 000
				1						i	1		1		
1	WHITE	193,298	204,800	226,026	201,626	197,699	188,994	200.113	196.791	213.182	213,611	221.376	231 214	0 142 1	0.015
F	BLACK	74,593	74,869	80.054	72,997	70,962	72.223	84.961	88.386	100.064	105,736	106 590	100 111	0.490	0.013 +
F	HISPANIC	24,997	26,470	30,726			22,069	24,928	27,000	33 487	33,898	30 353	25 070	0.290 7	0.211 +
- 10	OTHER RACE	2,043	2,228	2,222		2,780			2,416	3,314	3,811	4,939	33,370	0.201 -	0.2/6 +
	RACE UNK.	34,422		33,565		27,435								0.142 -	
- 1		,	50,1,2	05,505	33,01,	2.,,133	24,000	25,430	23,713	23,211	21,352	27,833	28,138	0.898 +	0.003 +
١c	CENTRAL CITY	101 900	99 601	102,160	99.684	01 572	02 272	102 672	114 000						
	OUTSIDE CEN. CITY			69,910		57,379	52,3/3	103,673	114,028	127,213	133,925	130,027	136,272	0.007 +	0.446 +
	NATIONAL PANEL	160 602	377 666	200 524	170 053	37,379	33,428	56,402	57,887	62,019	63,278	66,555	62,358	0.084 -	0.719 -
-   "	WALLOWAL PANEL	100,002	1//,000	200,524	1/9,053	1/5,134	165,574	176,478	166,394	184,092	181,205	203,410	209,612	0.369 +	0.000 +
١,	RECREATIONAL USE			35 454						l					
		32,021			30,123			24,506	22,813	26,234	29,466	29,211	30,882	0.384 +	0.568 +
	DEPENDENCE	83,255			94,466	79,604	75,853	89,521	94,580	107,305	114,168	117,458	118,862	0.789 +	0.332 +
	SUICIDE	149,771	158,576	179,691	158,802	158,846	155,077	158,589	157,347	164,606	157,385	171,962	171,792	0.969 -	0.007 🛧
ાવ	THER/UNK MOTIVE	64,306	57,682	62,707	57,408	60,587	57,629	63,936	63,568	75,179	77,389	81.360	86,705	0.165 +	0.080 +
						!						·			
	JNEXPECTED REACT.	33,690		39,327	36,892	32,326	27,650	30,705	31,902	37,288	45,650	44.017	46.060	0.389 4	0.861
10	OVERDOSE	195,593	201,974	224,901	199,627	203,536	196,631	203,297	200,494	215.880	209,054	224.190	226.192	0.732	0.009
10	THRONIC EFFECTS	31,103	32,893	36,601	30.345	27,148	27,687	32.142	34.409	36.287	35,202	36,371	36,749	0.786	0 343
5	SEEKING DETOX.	33,206	32,171						31,053					0.144 -	
	VITHDRAWAL	7.392				6,794						6,870		0.016 +	
	OTHER/UNK REASON	28,370		30,052					35,255	40 221	30 450	43 064	40 404	0.010 +	0.000 +
									, 55,255	1 10,221	1 22,730	43,304	17,707	0.037 +	0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS, DRUGS WITH 24-MOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988-1993

CATEGORY: DRUG MENTIONS

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
DOMAIN TOTAL U.S.***	668,153	713,392	635,460	674,861	751,731	808,233	0.000 +	0.000 +
AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34	82,632 189,104	497,262 84,236 184,050	75,375 153,993	72,545 153,202	72,970 166,680	79,440 169,962	0.022 + 0.067 + 0.506 +	0.000 + 0.071 + 0.001 +
AGE 35+	182,157	1	205,788	232,532	235,322 273,609	249,388 305,294	0.015 + 0.000 +	0.000 + 0.000 +
MALE FEMALE	342,623		326,563	342,839	361,572	396,647	0.018 + 0.000 +	0.000 +
WHITE BLACK HISPANIC	149,463 51,466		143,186 47,278	173,347 51,928	205,800 67,384	75,231	0.049 +	0.000 + 0.000 + 0.002 +
OTHER RACE RACE UNK.	4,272 64,854	68,582	52,295	47,145	44,629	55,970	0.010 +	0.037 + 0.100 +
CENTRAL CITY OUTSIDE CEN. CITY NATIONAL PANEL	119,803	201,844 131,971 379.577	110,807	114,288	125,297	128,913	0.338 + 0.438 + 0.001 +	0.000 + 0.050 + 0.000 +
RECREATIONAL USE DEPENDENCE SUICIDE	308,347	190,978 338,492	155,457 313,923	184,101 315,936	221,472 321,991	236,320 343,754		0.003 + 0.000 + 0.019 +
 OTHER/UNK MOTIVE UNEXPECTED REACT.	71,074		59,976	62,606	82,938	90,077	0.075 +	0.000 +
OVERDOSE CHRONIC EFFECTS SEEKING DETOX. WITHDRAWAL OTHER/UNK REASON	63,996 65,377 14,100 56,039	69,200 15,060	54,834 54,451 11,920	66,551 63,071 11,121	71,489 77,834 14,856	84,123 17,164	0.188 + 0.255 +	0.002 + 0.099 + 0.025 + 0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT COCAINE MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1ST HALF 1989 - 2ND HALF 1993

CATEGORY: COCAINE

	JAN-JUN 88	JUL-DEC	JAN-JUN 89	30L-DEC	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC	P-VAL H1,H2 93,93@	P-VAL H2, K2 92, 93@
DOMAIN TOTAL U.S.***	48,223	53,355	57,428	52,585	41,306	39,049	46,600	54,588	57,723	62,119	61,051	62,266	0.526 +	0.934 +
AGE 6-34 AGE 12-17 AGE 18-25	37,954 1,387 15,017	41,761 1,368 17,305	44,303 1,288 16,673	39,670 1,256 14,927	29,563 731 11,000	27,568 1,128 8,615	32,555 1,132 9,801	37,558 1,006 11,965	38,193 710 11,936	39,996 823 11,947	38,629 571 11,163	1,012	0.568 - 0.016 + 0.666 -	0.339 +
AGE 26-34 AGE 35+	21,547 10,165		26,338 13,028	23,480 12,599	17,828 11,668	17,811 11,386	21,553 13,867	24,584 16,715	25,537 19,362	27,223 21,926	26,890 22,146	25,825	0.394 - 0.036 +	0.225 -
MALE FEMALE	32,132 15,762	17,228	38,261 18,674	18,409	26,365 14,436	25,848 12,714	29,908 16,306	36,694 17,471	38,443 18,570	42,152 19,624	41,028 19,630		0.769 + 0.407 +	
WHITE BLACK HISPANIC	16,018 23,873 3,967	18,331 24,888 5,421	20,481 26,662 5,081	24,390 4,628	12,877 21,475 3,381	11,223 21,535 3,246	13,324 26,230 4,089	15,874 29,877 4,923	15,590 33,126 5,802		15,936 34,427 6,216	34,618	0.200 + 0.874 + 0.472 -	0.277 -
OTHER RACE RACE UNK.	157 4,208 27,306	191 4,524 27,500	4,977	169 5,530	177 3,395	166 2,878	150 2,808	210 3,705	157 3,050	232 3,531	196 4,276	4,374	0.866 + 0.891 +	0.091 +
OUTSIDE CEN. CITY NATIONAL PANEL	10,848		28,285 14,687 14,456		22,758 9,139 9,408	22,603 7,677 8,769	27,312 8,362 10,926	32,957 9,600 12,031	35,672 9,427 12,624	38,917 9,235 13,967	36,466 9,362 15,223	9,003	0.013 + 0.598 - 0.844 -	0.721 -
RECREATIONAL USE DEPENDENCE SUICIDE	9,796 27,680 2,656	11,080 30,191 2,916	11,322 33,925 3,288	9,678 31,691 3,416	6,668 25,736 2,499	5,653 25,095 2,704	7,064 30,559 2,935	7,676 34,789 3,684	7,229 37,846 3,395	7,769 39,609 4,007	6,711 39,442 4,653	38,768	0.639 + 0.682 -	0.571 -
OTHER/UNK MOTIVE UNEXPECTED REACT.	8,091 11,385	9,168 14,168	8,892 15,496	7,799 13,138	6,402	5,597 8,246	6,042	8,440	9,253	10,735	10,245	11,759	0.954 + 0.002 + 0.541 -	0.209 +
OVERDOSE CHRONIC EFFECTS SEEKING DETOX.	6,914 9,212 13,376	8,068 10,358 13,117	7,954 11,013 15,294		5,591 7,825 11,319	5,431 7,541 11,451	6,350 9,549 12,624	8,312 11,318 12,868	7,747 12,010 14,736	8,495 11,397 16,090	8,805 11,306 17,071	9,926 11,417	0.060 + 0.824 + 0.090 -	0.015 + 0.978 +
WITHDRAWAL OTHER/UNK REASON	1,019 6,318	1,095 6,550	1,081 6,589	853 7,474	883 5,493	624 5,755	917 6,538	1,043 8,644	1,153 9,061	1,115 9,283	1,241	1,858	0.019 +	

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT COCAINE MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988-1993

#### CATEGORY: COCAINE

			_				P-VAL	P-VAL
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	1992,	1991,
	1988	1989	1990	1991	1992	1993*	1993@	1993@
	<b></b>				<u> </u>			
DOMAIN							_	
TOTAL U.S.***	101,578	110,013	80,355	101,189	119,843	123,317	0.276 +	0.000 +
AGE 6-34	79,715		57,131	70,113	78,188		0.408 -	0.041 +
AGE 12-17	2,755		1,859	2,138	1,533	1,583	0.858 +	0.119 -
AGE 18-25	32,322	31,600	19,614	21,766		22,077	0.109 -	0.802 +
AGE 26-34 AGE 35+	44,632	49,818 25,628	35,639 23,054	46,137	52,760 41,288	52,715	0.976 - 0.000 +	0.002 +
AGE 35-44	18,332	21,529	19,186	30,582 25,585		46,512 37,477	0.000 +	0.000 +
AGE 45-54	2,768	3,440	3,275	4,306		7,669	0.000 +	0.000 +
AGE 55+	763	1,070	764	1,184	1,541	1,789	0.100 +	0.002 +
NOD 337	,05	1,0,0	704	1,104	1,344	1,,05	0.100 +	0.002 +
MALE	67,810	71,964	52,213	66,602	80,595	82,513	0.399 +	0.000 +
FEMALE	32.990	37,084	27,150	33,778	38,194	40,003	0.191 +	0.001 +
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	52,550	37,7331	2.,250	33,,,,	30,131	10,005	0.232.7	0.002
WHITE	34,350	38,349	24.100	29,198	31,927	33.050	0.532 +	0.033 +
BLACK	48,761	51,052	43,010	56,106		69,045	0.972 -	0.000 +
HISPANIC	9,388		6,627			12,178	0.495 +	0.002 +
OTHER RACE	348	395	344	360		395	0.786 +	0.493 +
RACE UNK.	8,732	10,507	6,274	6,513	6,581	8,650	0.017 +	0.140 +
CENTRAL CITY	54,806	55,051	45,361	60,269	74,589	74,819	0.888 +	0.000 +
OUTSIDE CEN. CITY			16,816	17,962	18,663	18,365	0.801 -	0.868 +
NATIONAL PANEL	23,534	27,548	18,178	22,958	26,591	30,133	0.159 +	0.019 +
								-
RECREATIONAL USE	20,876	21,000	12,321	14,740	14,997	13,767	0.260 -	0.533 -
DEPENDENCE	57,871	65,616	50,831		77,455	78,209	0.755 +	0.006 +
SUICIDE	5,572		5,203			9,337	0.000 +	0.000 +
OTHER/UNK MOTIVE	17,260	16,691	11,999	14,481	19,988	22,004	0.176 +	0.000 +
		20 624				00.045		
UNEXPECTED REACT.	25,553	28,634	18,441	23,025	28,755	28,246	0.675 -	0.000 +
OVERDOSE	14,981		11,022			18,731	0.010 +	0.000 +
CHRONIC EFFECTS	19,569 26,493	20,079 29,948			23,407 30,826	22,722	0.650 -	0.154 + 0.124 +
SEEKING DETOX.	2,114		22,770 1.507			32,058 3,099	0.558 + 0.022 +	0.124 +
OTHER/UNK REASON	12,868							
TOTHER/OWN REASON	1 75,000	TA,004	41,440	13,102	1 20,344	1 70,407	0.32/ +	0.020 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: HEROIN/MORPHINE

	JAN-JUN 88	JUL-DEC	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*			P-VAL H2,H2 92,930
DOMAIN TOTAL U.S.***	18,111	19,952	19,601	22,055	18,026	15,858	17,291	18,607	21,438	26,566	30,766	32,199	0.339 +	0.000 +
AGE 6-34 AGE 12-17 AGE 18-25	10,710 62 2,665	11,672 74 2,523	10,654 53 2,325	11,864 2,769	9,883 112	8,085 70	8,895 67	9,550	10,043 107	12,459 125	14,642	144	0.966 + 0.700 +	0.807 +
AGE 26-34 AGE 35+	7,984 7,373	9,076 8,161	8,276 8,858	8,975 10,091	2,857 6,914 8,117	1,798 6,213 7,734	2,269 6,559 8,371	2,435 7,000 8,939	2,688 7,246 11,332	3,172 9,162 14,044	3,833 10,669 16,070	10,457	0.531 + 0.783 - 0.083 +	0.052 +
MALE FEMALE	12,402 5,534	13,884 5,870	13,239 6,126	15,159 6,701	12,259 5,592	10,608 5,099	11,210 5,884	12,428 6,067	15,455 5,798	19,326 7,034	21,696 8,878		0.300 + 0.777 ∻	
WHITE BLACK HISPANIC	7,849 6,737 2,191	9,128 6,738 2,903	8,089 6,535 3,264	9,554 6,802 4,044	7,504 5,985 3,058	6,163 6,327 2,137	6,931 7,105 2,096	6,436 8,070 3,023	7,578 8,882 3,643	10,348 9,718 4,875	11,295 11,370 5,468	11,962	0.596 + 0.477 + 0.565 +	0.010 +
OTHER RACE RACE UNK.	68 1,265	91 1,092	1,630	85 1,570	90 1,389	53 1,177	73 1,087	68 1,010	74 1,260	178 1,446	2,134	91		0.196 -
CENTRAL CITY OUTSIDE CEN. CITY NATIONAL PANEL	9,836 3,007 5,268	9,961 3,674	9,697 4,481 5,422	10,978 4,532 6,545	9,195 3,780 5,051	9,189 3,102 3,568	10,462 3,233 3,596	12,259 3,442 2,906	13,493 3,591 4,354	15,881 4,082 6,602	16,672 5,136 8,958	4,623	0.000 + 0.341 - 0.999 -	0.257 +
RECREATIONAL USE DEPENDENCE SUICIDE	1,418 14,171 591	566	1,885 14,921 591	2,293 16,789 530	1,764 13,544 585	1,297 12,473 579	1,178 13,636 591	1,625 14,585 569	627	2,147 20,042 936	3,009 23,110 948	24,723 1,129	0.037 - 0.227 + 0.388 +	0.002 + 0.208 +
OTHER/UNK MOTIVE UNEXPECTED REACT. OVERDOSE	1,930 1,671 3,994	2,373 1,842 5,395	2,203 2,054 4,810	2,443 2,234 5,575	2,134 1,910 4,608	1,508 1,828 3,277	1,885 1,892 3,068	1,828 1,890 4,041	2,942 2,221 5,194	3,441 2,998 7,032	3,700 3,426 7,836	3,522	0.123 + 0.737 + 0.404 +	0.021 +
CHRONIC EFFECTS SEEKING DETOX. WITHDRAWAL	4,160 4,013 2,666	4,389 4,284 2,316	4,979 4,074 2,246	5,005 3,959 3,243	4,506 3,315 1,911	4,129 3,333 1,755	4,887 4,307 1,624	5,872 3,675 1,508	6,128 4,058 1,380	7,182 5,146 2,155	7,122 7,602 2,298	6,925 6,910 3,303	0.667 - 0.366 - 0.008 +	0.578 - 0.137 + 0.000 +
OTHER/UNK REASON	1,607	1,725	1,437	2,040	1,775	1,536	1,512	1,621	2,456	2,053	2,482	3,095	0.268 +	0.020 +

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988-1993

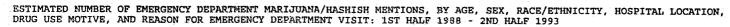
#### CATEGORY: HEROIN/MORPHINE

,									. <b></b>
		TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
	DOMAIN TOTAL U.S.***	38,063	41,656	33,884	35,898	48,003	62,965	0.000 +	0.000 +
	AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+ AGE 35-44 AGE 45-54 AGE 55+	22,383 135 5,187 17,060 15,533 12,492 2,637 551	22,519 168 5,094 17,251 18,949 15,515 2,724	17,967 182 4,654 13,127 15,850 12,765 2,365		22,502 232 5,860 16,409 25,376 19,258 5,092	21,127 33,531 25,792 6,561	0.000 + 0.536 + 0.000 + 0.000 + 0.000 + 0.000 +	0.000 + 0.425 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.000000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.00000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.0000 + 0.000000 + 0.00000 + 0.00000 + 0.00000 + 0.000000 + 0.00000 + 0.00000000
	MALE FEMALE	26,286 11,404	899 28,397 12,827	786 22,867 10,691	788 23,638 11,951	1,151 34,781 12,832	1,289 44,638 17,922	0.324 + 0.000 + 0.000 +	0.001 + 0.000 + 0.000 +
	WHITE BLACK HISPANIC OTHER RACE RACE UNK.	16,977 13,475 5,094 159 2,357	17,644 13,338 7,307 168 3,199	13,667 12,313 5,195 143 2,566	13,367 15,175 5,118 141 2,097	17,926 18,600 8,519 253 2,706	23,140 23,332 11,159  4,743	0.000 + 0.002 + 0.003 + 0.000 +	0.000 + 0.000 + 0.000 +
	CENTRAL CITY OUTSIDE CEN. CITY NATIONAL PANEL	19,797 6,681 11,585	20,675 9,013 11,968	18,384 6,882 8,618	22,721 6,675 6,502	29,374 7,673 10,956	35,290 9,759 17,915	0.002 + 0.020 + 0.000 +	0.000 + 0.094 + 0.000 +
	RECREATIONAL USE DEPENDENCE SUICIDE OTHER/UNK MOTIVE	3,271 29,332 1,157 4,304	4,178 31,710 1,121 4,646	3,061 26,017 1,164 3,642	2,803 28,222 1,160 3,713	3,786 36,271 1,563 6,384		0.003 + 0.000 + 0.016 + 0.030 +	0.022 + 0.000 + 0.000 + 0.000 +
	UNEXPECTED REACT. OVERDOSE CHRONIC EFFECTS SEEKING DETOX. WITHDRAWAL OTHER/UNK REASON	3,513 9,390 8,549 8,297 4,981 3,332	4,288 10,384 9,984 8,033 5,489 3,476	3,738 7,885 8,635 6,648 3,667 3,311	3,781 7,110 10,759 7,982 3,133 3,133	5,219 12,226 13,310 9,204 3,535 4,509	6,948 16,280 14,048 14,512 5,601 5,577	0.386 + 0.020 + 0.000 +	0.000 + 0.000 + 0.000 + 0.000 + 0.000 +

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.
\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

<sup>\*\*\*</sup> TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

<sup>@</sup> IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.



	JAN-JUN 88	JUL-DEC	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC 93*	P-VAL H1,H2 93,930	P-VAL H2,H2 92,93@
DOMAIN TOTAL U.S.***	10,552	9,411	10,890	9,013	9,188	6,518	9,111	7,140	11,511	12,487	13,727	15,439	0.030 +	0.001 +
AGE 6-34 AGE 12-17 AGE 18-25	9,314 1,865 4,207	8,232 1,086 3,943	9,409 1,897 4,366	6,529 1,262 3,893	7,871 1,299	5,543 872	7,442 1,209	5,849 920	9,201 1,578	10,065 1,526	10,986 1,854	2,439	0.069 + 0.074 +	0.026 4
AGE 26-34 AGE 35+	3,240 1,218	3,202 1,133	3,141 1,453	3,370 1,246	3,458 3,109 1,300	2,324 2,447 860	3,161 3,069 1,664	2,526 2,400 1,218	3,857 3,755 2,300	4,436 4,102 2,389	4,436 4,692 2,593	4,650	0.055 + 0.938 - 0.057 +	0.178 +
MALE FEMALE	7,270 3,224	6,582 2,806	7,923 2,890	6,662 3,064	6,389 2,748	4,444 1,938	6,380 2,624	4,941 2,101	8,173 3,053	8,965 3,410	9,770 3,746		0.137 + 0.033 +	
WHITE BLACK HISPANIC OTHER RACE	5,229 3,463 727 49	4,488 3,064 786 41	5,013 3,420 830 63	5,063 2,918 774 64	€,866 2,757 723 48	2,969 2,450 593	4,493 3,170 759 50	3,538 2,451 632 29	5,059 3,822 1,607	5,424 5,112 1,117 48	6,317 4,851 1,225 65	5,316 1,406	0.072 + 0.232 + 0.128 + 0.307 +	0.694 +
RACE UNK. CENTRAL CITY OUTSIDE CEN. CITY	1,084 4,330 2,672	1,031 3,497 2,427	1,563 4,016 2,890	993 3,874 2,450	794 3,479 1,915	415 2,985 1,450	639 3,321 1,977	490 3,279 1,706	987 4,570 2,704	785 5,360 2,807	1,269 5,657 3,430	1,154 6,324	0.771 - 0.000 + 0.902 -	0.093 +
NATIONAL PANEL RECREATIONAL USE	3,550	3,487 2,918	3,984	3,489	3,794	2,083 1,987	3,813	2,155 1,860	4,237 2,907	4,320 3,134	4,640 3,522	5,726	0.902 - 0.117 + 0.271 +	0.091 +
DEPENDENCE SUICIDE OTHER/UNK MOTIVE	3,843 824 2,489	3,665 681 2,146	4,078 634 2,538	3,931 895 2,160	3,460 567 2,715	2,518 556 1,458	3,876 827 1,790	3,187 436 1,657	4,284 1,151 3,170	4,760 996 3,597	5,450 1,098 3,657	5,410 1,249	0.951 - 0.544 + 0.004 +	0.202 4 0.348 4
UNEXPECTED REACT. OVERDOSE CHRONIC EFFECTS	2,959 1,521 1,823	2,580 1,324 1,406	3,230 1,669 1,481	3,012 1,584 1,262	2,782 1,482 1,154	2,007 955 891	2,705 1,525 1,127	1,764 995 939	3,332 2,078 1,163	4,013 2,242 1,195	4,140 2,188 1,311	2,463	0.036 + 0.483 + 0.403 -	0.628 +
SEEKING DETOX. WI'SEDRAWAL OTHER/UNK REASON	2,173 1,953	1,967 239 1,894	2,263 49 2,198	1,687 2,124	1,654 169 1,946	1,162 34 1,469	1,593 1,877	1,702 1,648	2,201 116	2,342 135 2,559	2,857 189	2,672 174	0.727 - 0.863 - 0.003 +	0.375 4

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988-1993

			- 1				P-VAL	P-VAL
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	1992,	1991,
	1988	1989	1990	1991	1992	1993*	1993@	19930
DOMAIN						·		
TOTAL U.S.***	19.962	20,703	15,706	16,251	23,997	29,166	0.000 +	0.000 +
	,,,,,	20,.00	123,700	10,201	,	23,200	0.000	0.000
AGE 6-34	17,546	17,938	13,514	13,291	19,267	23,301	0.000 +	0.000 +
AGE 12-17	2,950	3,158	2,170	2,130		4,293		0.000 +
AGE 18-25	8,150	8,259	5,782	5,687	8,294	9,656	0.059 +	0.000 +
AGE 26-34	6,441	6,511	5,556	5,469	7,857	9,342	0.014 +	0.000 +
AGE 35+	2,350		2,160		4,689	5,688	0.004 +	
AGE 35-44	1,952	2,257	1,799	2,454	3,937	4,540	0.043 +	0.000 +
AGE 45-54	360	383	303	350	590	959	0.003 +	0.000 +
MALE	13,852	14,585	10,833	11,321	17,137	20,368	0.000 +	0.000 +
FEMALE	6,031	5,954	4,686	4,725	6,463	8,525	0.003 +	0.000 +
1.							·	
WHITE	9,717	10,077	7,835	8,030	10,484	13,759	0.000 +	0.000 +
BLACK	6,527	6,338	5,207	5,621	8,934	10,167		0.000 +
HISPANIC	1,513	1,604	1,315	1,392	2,724	2,632	0.649 -	0.000 +
OTHER RACE	90	127	140	78	83	185	0.065 +	0.056 +
RACE UNK.	2,115	2,556	1,209	1,129	1,773	2,423	0.062 +	0.026 +
CENTRAL CITY	7,826	7,890	6.464	6,600	9.930	11.981	0.000 +	0.000 +
OUTSIDE CEN. CITY	5,099	5,340	3,365	3,684	5,511	6,820	0.022 +	0.000 +
NATIONAL PANEL	7,037	7,472	5,877	5,967	8,557	10,366	0.091 +	0.000 +
			- 1			1		
RECREATIONAL USE	6,314	6,466	4,432	4,478	6,041	7,430		0.000 +
DEPENDENCE	7,508	8,009	5,978	7,064	9,043	10,861	0.004 +	0.000 +
SUICIDE	1,504	1,529	1,124	1,262	2,147	2,346		0.000 +
OTHER/UNK MOTIVE	4,636	4,698	4,173	3,447	6,767	8,529	0.047 +	0.000 +
UNEXPECTED REACT.	5,538	6,242	4.789	4,470	7,345	9,021	0.013 +	0.000 +
OVERDOSE	2,846	3,253	2,437	2,519	4,321	4,651	0.552 +	0.000 +
CHRONIC EFFECTS	3,230	2,744	2,045	2,066	2,357	2,539	0.129 +	0.043 +
SEEKING DETOX.	4,140	3,950	2,816	3,295	4,543	5,529	0.049 +	0.004 +
WITHDRAWAL	361	193	203	376	251	363	0.357 +	0.943 -
OTHER/UNK REASON	3,847	4,322	3,415	3,525	5,181	7,062	0.001 +	0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR

LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS PER 100,000 POPULATION: TOTAL COTERMINOUS U.S. BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

	. <b></b> .													
	JAN-JUN 88	JUL-DEC	NUL-NAL 89	JUL-DEC	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC 93*	P-VAL H1,H2 93,93@	P-VAI H2,H2 92,936
VARNAME	+ !	∤ !	<b>+</b>		↓ Ι	}	<b>†</b>	 	+ 1	<b>!</b>	<b>+</b> .	<b></b>		+
DRUG EPISODES	91.1	94.5	101.9	92.0		0.7	57.4							
DRUG MENTIONS	151.9	155.5	170.0	154.8	85.7 146.5	81.7	87.4	88.5	95.0	96.4	102.0		0,752 +	
ALCOHOL-IN-COMB.	24.9	28.3				140.0	150.6	150.6	165.3	166.6	175.2		0.275 +	1
COCAINE	22.2	24.5	29.5 26.2	27.8 23.9	26.5	25.5	26.3	28.1	30.5	32.1	31.6			
HEROIN/MORPHINE	8.4	9.2	8.9		18.7	17.6	20.9	24.3	25.6	27.4	26.7		0.526 +	
ACETAMINOPHEN	5.0	5.7	7.4	10.0	8.1 6.2	7.1 5.3	7.7	8.3	9.5	11.7	13.5	14.0		
ASPIRIN	5.1	5.7	6.1	4.6			6.6	7.0	7.7	6.1	8.5	1	0.000 -	0.085
IBUPROFEN	3.1	3.7			4.4	4.2 3.6	5.1	4.6	4.4	3.9	4.5	3.9	0.059 -	0.916
ALPRAZOLAM	3.6	3.7	4.1 3.6	3.4	3.8		3.8	3.1	3.9	3.3	4.1	3.9	0.437 -	0.015
MARIJUANA/HASHISH	4.9			3.2	3.6	3.5	3.7	3.5	3.7	3.6	3.7		0.309 +	0.251
DIAZEPAM	4.0	4.3	5.0	4.5	4.2	2.9	4.1	3.2	5.1	5.5	6.0	6.7	0.030 +	
AMITRIPTYLINE	2.3	1.8	4.1 2.6	3.6 2.1	3.9	2.8	3.2	3.3	2.9	3.2	2.9		0.369 -	0.042
ACETAMIN./CODEINE	2.3	1.9	2.5	2.1	1.9	2.0	1.9	2.0	2.3	2.1	2.1	2.3	0.442 +	10.00
OTC-SLEEP-AIDS	1.8	1.9	2.3	1.8	2.0	1.8 1.6	1.6	1.6	1.7	1.5	1.7	1	0.596 +	
LORAZEPAM	1.0	1.2	1.7	1.6			1.4	1.5	1.7	1.4	1.2	1.2	0.928 +	0.594
D-PROPOXYPHENE	1.9	1.5	1.8	1.6	1.8 1.7	1.7 1.7	1.5	1.6	1.9	2.0	2.1		0.168 +	10.000
FLUOXETINE	0.1	0.4	0.7	0.9	1.7	1.9	1.7	1.7	1.4	1.5	1.9		0.685 -	0.234
DIPHENHYDRAMINE	1.4	1.3	1.5	1.6	1.5		1.5 1.5	1.5	1.9	1.8	1.5		0.068 +	1
METHAMPHET./SPEED	1.9	2.3	2.0	2.0	1.3	1.4	1.1	1.5	1.5	1.9	1.7		0.640 -	0.213
OXYCODONE	0.7	0.9	0.9	0.7	1.1	0.9	0.9	1.1 0.8	1.1	1.7	1.8	2.6	0.102 +	1
PCP/PCP COMBS.	3.0	2.7	2.0	1.6	1.0				0.7	1.0	0.7	0.8	0.848 +	10
LITHIUM-CARBONATE	1.0	0.7	0.8	1.0	1.1	1.0	0.9	0.7	1.0	1.3	1.4		0.875 -	0.475
CLONAZEPAM	0.3	0.4	0.4	0.8	0.8	1.2	1.6	0.9	1.1	1.0	1.2	1.2	0.850 -	0.210
HYDANTOIN	0.8	0.9	1.0	1.0	1.1	0.7	0.6	1.3	1.8	1.8	2.2	2.3		0.028
HYDROCODONE	0.9	0.4	0.9	0.8	0.9	0.8	1	0.8	0.9	0.8	0.7		0.105 +	1000
LSD	1.0	0.8	0.7	0.9	0.8	0.8	1.4	0.9	1.4	1.3	1.1		0.016 +	
TRIAZOLAM	1.1	1.5	1.0	1.0	0.8	0.9	0.8		0.8	0.8	0.7		0.313 +	0.794
PHENOBARBITAL	0.7	0.6	1.1	0.9	0.8	0.8	1.0	0.5	0.4	0.4	0.4		0.024 -	0.042
DOXEPIN	0.8	0.8	1.1	0.8	0.7	0.9		0.6	0.7	0.7	0.8		0.145 -	0.230
CYCLOBENZAPRINE	0.4	0.6	0.7	0.5		0.8	1.1 0.7	0.6	0.8	0.8	0.8		0.406 -	0.491
HALOPERIDOL	0.5	0.6	0.6	0.8	0.8	0.8		0.7	0.7	0.5	0.7		0.141 -	0.858
amphetamine	0.8	1.0	0.9	0.7	0.7	0.7	0.8	0.6	0.6	0.7	0.8	0.6	0.143 -	0.795
TRAZODONE	0.6	0.4	0.5	0.7	0.6	0.7	0.8	0.5	0.7	0.9	1.0		0.053 +	1
CARISOPRODOL	0.6	0.4	0.5	0.6	0.6	0.7		1.1	1.0	1.0	1.3		0.622 -	0.254
NAPROXEN	0.4	0.9	0.6	0.5	0.5	0.6	0.9	0.9	1.3	1.3	1.1		0.014 +	1
IMIPRAMINE	1.2	0.8	1.0	0.7	0.6	0.6	0.7		0.7	0.5	0.9		0.020 -	0.709
CARBAMAZEPINE	0.4	0.5	0.5	0.7	0.6	0.6	0.7	0.8	1.1	0.9	0.8		0.836 -	0.426
THIORIDAZINE	0.5	0.6	0.5	0.7	0.5	0.8	0.7	0.6	0.7	0.7	1.0			0.021
						10666	10554 7	10010.5	0.6	0.6	0.7	0.6	0.520 -	0.784
ED A19119	11/031.0	11/0/0.9	110020.9	10220.2	110440.2	119002.3	18554.2	13018.3	18614.6	19328.2	19699.0	19476.5	0.000 -	10.000

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR

LOWER THAN PRELIMINARY ESTIMATES DUE TO MONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

\*\* IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS PER 100,000 POPULATION: TOTAL COTERMINOUS U.S. BY YEAR, 1988 - 1993

. 1									
- 1		i 1	_ 1	1	l		1	P-VAL I	P-VAL
- [		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	1992.	1991,
1		1988	1989	1990	1991	1992	1993*	19930	1993@
-	VARNAME	1	1	1		1	i	i	1
	DRUG EPISODES	185.6	193.9	167.3	175.8	191.4	203.9	0.000 +	0.000 +
	DRUG MENTIONS	307.3	324.8	286.5	301.2	331.9	352.9	0.000 +	0.000 +
.	ALCOHOL-IN-COMB.	53.2	57.3	51.9	54.4	62.6	63.5	0.269 +	0.000 +
	COCAINE	46.7	50.1	36.2	45.2	52.9	53.8	0.276 +	0.000 +
	HEROIN/MORPHINE	17.5	19.0	15.3	16.0	21.2	27.5	0.000 +	0.000 +
	ACETAMINOPHEN	10.7	13.5	11.5	13.6	13.8	15.3	0.010 +	0.004 +
	ASPIRIN	10.5	10.7	8.7	9.7	8.3	8.4	0.677 +	0.068 -
	IBUPROFEN	6.8	7.5	7.3	6.9	7.2	7.9	0.069 +	0.042 +
	ALPRAZOLAM	7.4	6.8	7.1	7.2	7.3	7.6	0.472 +	0.374 +
	MARIJUANA/HASHISH	9.2	9.4	7.1	7.3	10.6	12.7	0.000 +	0.000 +
	DIAZEPAM	8.1	7.8	6.7	6.5	6.2	5.5	0.308 -	0.058 -
	AMITRIPTYLINE	4.1	4.8	3.9	3.9	4.5	4.4	C.980 +	0.022 +
	ACETAMIN./CODEINE	4.1	4.5	3.7	3.2	3.1	3.5	0.222 +	0.297 +
-	OTC-SLEEP-AIDS	3.7	3.9	3.6	2.8	3.1	2.4	0.052 -	0.286 -
Į	LORAZEPAM	2.2	3.2	3.4	3.1	3.9	4.6	0.050 +	0.000 +
	D-PROPOXYPHENE	3.5	3.4	3.3	3.5	2.9	3.6	0.052 +	0.642 +
-	FLUOXETINE	0.4	1.6	3.1	3.1	3.7	3.3	0.567 -	0.448 +
- 1	DIPHENHYDRAMINE	2.7	3.1	2.9	3.0	3.5	3.3	0.701 -	0.247 +
-	METHAMPHET./SPEED	4.1	4.0	2.4	2.2	2.9	4.4	0.000 +	0.000 +
	OXYCODONE	1.6	1.6	2,0	1.8	1.7	1.5	0.594 -	0.499 -
	PCP/PCP COMBS.	5.7	3.7	2.0	1.5	2.3	2.9	0.006 +	0.000 +
.	LITHIUM-CARBONATE	1.8	1.7	2.0	2.0	2.1	2.4	0.176 +	0.105 +
	CLONAZEPAM	0.6	1.2	2.0	2.9	^,6	4.5	0.010 +	0.000 +
-	HYDANTOIN	1.6	1.9	1.8	1.4	1.7	1.6	0.640 -	0.295 +
	HYDROCODONE	1.2	1.7	1.8	2.2	2.7	2.8	0.813 +	0.100 +
ļ	LSD	1.8	1.6	1.7	1.7	1.5	1.5	0.805 -	0.312 -
	TRIAZOLAM	2.7	2.0	1.7	1.5	0.7	0.5	0.186 -	0.000 -
	PHENOBARBITAL	1.4	2.0	1.7	1.3	1.4	1.3	0.590 -	0.967 -
ı	DOXEPIN	1.7	1.9	1.6	1.7	1.6	1.5	0.819 -	0.657 -
-	CYCLOBENZAPRINE	1.0	1.2	1.6	1.4	1.2	1.2	0.971 +	0.475 -
	HALOPERIDOL	1.2	1.3	1.5	1.4	1.3	1.4	0.422 +	0.819 +
- 1	AMPHETAMINE	1.8	1.6	1.5	1.0	1.6	2.4	0.032 +	0.005 +
	TRAZODONE	1.0	1.3	1.4	1.9	2.0	2.6	0.028 +	0.006 +
-	CARISOPRODOL	1.1	1.2	1.2	1.9	2.6	3.0	0.319 +	0.005 +
	NAPROXEN	1.3	1.6	1.4	1.5	1.2	1.4	0.223 +	0.787 -
	IMIPRAMINE	2.0	1.7	1.3	1.5	1.9	1.5	0.071 -	1.000
.	CARBAMAZEPINE	0.9	1.3	1.4	1.5	1.5	2.2	0.006 +	0.009 +
-	THIORIDAZINE	1.0	1.3	1.0	1.2	1.3	1.3	0.840 +	0.566 +
j	ED VISITS **	35330.0	36255.6	37112.6	37573.7	37944.8	39174.9	0.000 +	0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: DRUG EPISODES

	1									_		1	P-VAL	P-VAL
	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	JAN-JUN	JUL-DEC	H1, H2	H2,H2
	88	88	89	89	90	90	91	91	92	92	93*	93*	93,93@	92,93@
CATEGORY			† 	i						+ 		 	t 	† <del>-</del>
TOTAL U.S.	91.1	94.5	101.9	92.0	85.7	81.7	87.4	88.5	95.0	96.4	102.0	101.9	0.752 +	0.001
ATLANTA	71.5	92.2		127.2	113.3	114.2	133.7	132.8	172.6	165.7	136.5		0.012 +	
BALTIMORE	99.7	133.3	121.2	105.2	127.1	163.8	205.0	294.8	290.6	302.2	296.0		0.721 -	
BOSTON (NECMA)	117.6	113.7	125.0	121,7	112.4	118.1	130.8	144.9	180.9	184.1	176.9	182.2	0.044 +	0.958
BUFFALO	78.6	83.0	69.4	73.3	65.5	67.0	101.1	86.8	123.4	96.4	119.3	170.7	0.000 +	0.000
CHICAGO	131.0	126.7	153.0	141.4	129.6	130.1	125.3	127.3	161.6	155.1	161.4	182.9	0.000 +	0.000
DALLAS	124.1	117.5	121.7	108.4	103.2	97.6	95.3	95.1	89.7	86.2	106.9	95.6	0.00B -	0.034
DENVER	125.9	136.4	132.9	133.4	121.8	113.1	118.9	115.5	127.1	119.7	114.1	133.7	0.159 +	0.116
DETROIT	199.0	218.9	213.1	165.5	148.7	144.7	159.8	201.0	188.3	204.7	225.6	247.5	0.016 +	0.008
LOS ANGELES-LB	148.1	163.0	163.0	147.4	120.1	103.6	108.7	110.6	118.5	127.3	118.3	120.0	0.735 +	0.512
MIAMI-HIALEAH	79.9	- 71.4	91.8	87.1	87.9	80.8	126.1	140.1	133.4	131.0	147.6		0.400 +	0.017
MINNEAPOLIS-SP	105.5	101.4	97.7	89.0	82.4	82.4	87.5	79.3	85.5	89.6	92.3	100.5	0.036 +	0.034
NEW ORLEANS	252.1	265.0	283.5		253.5	273.2	249.3	266.0	257.9	215.3	186.0	177.8	0.176 -	0.001
NEW YORK	251.2		224.4	212.3	173.0		230.0	243.5		294.7	272.4		0.132 +	
NEWARK	192.9	221.0	249.3		234.9	243.3	233.1	266.7	267.7	250.9	278.8		0.171 -	0.764
PHILADELPHIA	235.1	211.3	257.6		217.0		201.0	180.8		231.1	226.8			3.322
PHOENIX	161.3	163.1	168.8	135.6	144.7		144.5	165.6		157.2	161.1		0.000 -	
ST LOUIS-MO-IL	104.6	91.4	101.9	88.3	91.0		100.1	107.4	103.8	93.0	87.7		0.424 +	
SAN DIEGO	104.6	133.1		119.0	117.2		110.6	116.6		134.6	116.3		0.000 -	
SAN FRANCISCO	292.2			441.1	384.4	439.6		397.7		359.0	377.6		0.000 -	
SEATTLE	155.7		148.1	165.4	146.7	71.3	109.6	154.5			179.6		0.415 +	
WASHINGTON DC	244.2	255.8	236.0		146.7		148.2	147.4		148.2	174.6		0.721 -	
Z-NAT PANEL	62.1	66.7	73.0	64.6	62.5	58.4	61.0	58.3	62.3	62.6	71.0	70.3	0.878 -	0.002

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1988-1993

CATEGORY: DRUG EPISODES

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY TOTAL U.S. ATLANTA BALTIMORE BOSTON (NECMA) BUFFALO CHICAGO DALLAS DENVER DETROIT LOS ANGELES-LB MIAMI-HIALEAH MINNEAPOLIS-SP NEW ORLEANS NEW YORK PHILADELPHIA PHOENIX ST LOUIS-MO-IL SAN DIEGO SAN FRANCISCO	185.6 163.7 231.3 161.6 257.7 241.6 262.3 417.9 311.2 1517.1 473.4 414.0 446.4 195.9 237.7 560.8	193.9 257.2 226.4 246.7 142.7 294.4 230.0 266.3	167.3 227.5 291.0 230.5 132.4 259.7 200.9 234.9 293.4 223.6 168.7 164.8 526.7	175.8 266.5 500.0 275.8 187.9 252.6 190.5 234.4 360.9 219.2 266.8 515.3 473.5 499.9 381.1 207.5 277.2	191.4 338.3 592.8 365.1 219.8 316.7 175.9 246.8	203.9 284.7 582.1 359.0 290.3 344.3 202.4 247.8 473.2 238.3 304.2 192.8 363.7 560.8 520.0 435.7 302.0 180.9 213.8	0.000 + 0.032 - 0.837 - 0.697 - 0.000 + 0.015 + 0.013 + 0.732 + 0.701 - 0.027 + 0.000 - 0.975 - 0.904 + 0.525 -	0.000 + 0.253 + 0.000 + 0.000 + 0.000 + 0.281 + 0.492 + 0.029 + 0.033 + 0.030 + 0.000 - 0.010 + 0.846 + 0.856 - 0.013 - 0.334 - 0.000 -
SEATTLE WASHINGTON DC Z-NAT PANEL	298.1 500.0 128.7	313.5 417.8 137.5	298.8	264.3 295.7 119.3	296.1	342.8	0.349 + 0.193 + 0.000 +	0.032 + 0.168 + 0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: DRUG MENTIONS

	P-VAL H2,H2 92,930
CATEGORY	
TOTAL U.S.   151.9   155.5   170.0   154.8   146.5   140.0   150.6   150.6   165.3   166.6   175.2   177.8   0.275 +	ו ב חחח בו
ATLANTA 113.3 155.9 222.4 220.2 200.6 204.2 256.4 259.6 345.2 337.7 264.1 282.8 0.033 +	
IDSTITUTIONE I SECRET AND EL S	0.121 -
BOSTON (NECMA) 200.1 189.3 208.9 214.1 202.4 210.6 239.0 259.7 328.5 321.3 323.6 332.2 0.076 +	
BUFFALO 122.8 134.0 106.1 114.5 109.8 105.8 164.0 140.5 208.6 155.2 210.9 292.3 0.000 +	
CHICAGO 218.8 212.8 264.0 234.8 219.5 214.6 210.5 215.6 281.7 268.3 279.5 318.2 0.000 +	
DENVER 223.3 245.9 234.8 230.4 213.1 198.6 205.7 201.7 215.9 210.9 195.8 222.5 0.145 +	
DETROIT   292.2   333.9   345.3   270.4   246.2   239.9   270.6   343.2   338.9   368.0   419.3   462.9 0.007 +	
LOS ANGELES-LB   237.9   245.2   242.8   243.0   207.1   179.3   189.6   191.2   198.5   222.3   204.0   206.6   0.825 +	
MIAMI-HIALEAH   120.8   112.2   147.3   134.3   134.4   131.5   200.2   236.6   227.6   211.2   230.6   241.6   0.650 +	
MINNEAPOLIS-SP   175.0  172.6  167.1  154.1  149.1  151.1  165.1  149.4  169.2  176.2  178.5  193.3 0.239 +	
NEW ORLEANS   410.0   431.8   452.9   370.3   411.9   491.0   427.8   453.7   462.4   410.4   374.0   355.7   0.157 -	0.023 -
NEW YORK 363.6 322.0 319.3 312.8 259.1 265.6 330.4 340.3 395.9 436.3 397.7 415.0 0.310 +	0.312 -
	0.999 -
	0.227 -
	0.540 -
ST LOUIS-MO-IL 181.7 163.0 180.7 151.6 163.7 148.5 177.7 187.6 175.2 164.8 148.7 152.8 0.634 +	0.515 -
SAN DIEGO 174.4 221.8 180.0 195.3 193.7 174.9 188.3 207.8 223.8 230.4 198.9 165.8 0.000 -	0.000 -
SAN FRANCISCO 450.4 405.0 568.0 656.1 579.9 650.0 573.9 584.8 509.8 517.9 555.7 462.6 0.000 -	0.000 -
	0.367 -
	0.225 +
Z-NAT PANEL   107.7  113.1  126.8  112.7  109.7  103.2  109.5  102.7  113.0  110.6  123.4  126.5 0.369 +	0.000 +

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1988-1993

#### CATEGORY: DRUG MENTIONS

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY TOTAL U.S. ATLANTA BALTIMORE BOSTON (NECMA) BUFFALO CHICAGO DALLAS DENVER DETEOIT LOS ANGELES-LB MIAMI-HIALEAH MINNEAPOLIS-SP NEW ORLEANS NEW YORK NEWARK PHILADELPHIA PHOENIX ST LOUIS-MO-IL SAN DIEGO SAN FRANCISCO SEATTLE WASHINGTON DC	307.3 269.3 379.7 389.4 256.7 431.6 411.5 469.2 625.3 483.2 347.7 841.8 685.5 723.8 691.2 537.3 344.6 396.3 855.4	281.6 321.2 823.0 632.3 823.7 804.8 490.3 332.2 375.3 1224.3 509.3	355.0 411.7 486.2 386.3 265.9 300.2 903.1 524.7 861.0 466.8 312.2 368.5 1236.1	614.0 380.8 436.9 314.4 881.5 670.7 902.1 519.2 365.4 396.1 1158.6	682.9 1044.4 649.7 363.6 550.0 312.3 426.8 4706.9 420.8 438.8 345.7 872.7 832.4 879.7 803.4 879.7 804.1 1027.5	546.9 1004.1 655.8 503.5 597.9 368.9 418.4 882.3 410.7 472.2 371.8 3729.7 812.7 899.4 769.9 301.5 364.6 1018.1	0.000 + 0.005 - 0.424 - 0.378 + 0.0018 + 0.018 + 0.018 + 0.014 + 0.878 - 0.878 - 0.878 - 0.878 - 0.878 - 0.898 + 0.646 - 0.898 + 0.646 - 0.898 + 0.000 - 0.908 + 0.351 + 0.203 +	0.000 + 0.313 + 0.000 + 0.000 + 0.000 + 0.000 + 0.018 + 0.122 + 0.122 + 0.184 + 0.001 + 0.000 - 0.013 + 0.958 + 0.067 + 0.878 + 0.067 + 0.878 + 0.000 - 0.002 - 0.005 + 0.202 +
Z-NAT PANEL	220.8						0.001 +	0.000 +

@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

ESTIMATED RATE OF EMERGENCY DEPARTMENT COCAINE MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: COCAINE

	JAN-JUN 88	JUL-DEC	JAN-JUN 89	JUL-DEC	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC	P-VAL H1,H2 93,930	P-VAL H2,H2 92,930
CATEGORY	i													i
TOTAL U.S.	22.2	24.5	26.2	23.9	18.7	17.6	20.9	24.3	25.6	27.4	26.7	27.1	0.526 +	0.934
ATLANTA	19.0	33.7	63.8	69.7	57.1	51.0	54.5	72.9	97.4	100.1	76.4			0.166
BALTIMORE	37.3	58.3	51.0	36.1	58.5	82.8	112.1	197.2	178.5	191.3	272.7	161.9		0.043
BOSTON (NECMA)	34.8	39.1	37.0	38.3	28.5	28.8	35.9	50.7	62.7	59.5	57.5	54.1	0.205 -	0.223
BUFFALO	11.4	21.3	17.3	16.9	17.7	14.6	27.5	25.7	41.3	30.7	47.2	64.9	0.000 +	0.000
CHICAGO	53.2	53.1	61.4	57.3	45.0	45.1	48.3	53.2	74.8	73.2	75.2	93.0	0.000 +	0.000
DALLAS	37.8	35.3	31.7	27.4	26.2	19.2	26.6	30.2	25.5	27.4	29.2	28.2	0.474 -	0.528
DENVER	25.0	32.2	28.2	31.8	22.7	16.5	20.4	27.2	27.1	29.3	23.6		0.020 +	0.019
DETROIT	71.8	94.3	94.8	67.4	49.6	49.4	58.1	90.9	78.4	94.4	103.9	119.8	0.000 +	0.017
LOS ANGELES-LB	41.2	45.5	46.5	44.2	28.8	23.7	28.8	32.9	31.9	34.7	30.9	31.7	0.708 +	0.462
MIAMI-HIALEAH	23.8	21.3	31.8	26,1	23.3	19.6	43.8	60.5	54.0	55.0	71.2	75.5	0.259 +	0.000
MINNEAPOLIS-SP	19.9	17.6	13.3	12.3	6.7	7.0	8.6	9,3	10.9	9.2	8.9	10.9	0.000 +	0.005
NEW ORLEANS	143.7	149.6	169.3	149.1	158.2	148.5	148.8	162.7	151.8	100.1	73.4	77.0	0.199 +	0.000
NEW YORK	121.0	99.4	96.7	97.1	8C 2	83.3	99.8	106.5	116.7	142.0	130.8	131.6	0.014 +	0.179
NEWARK	103.4	137.3	139.0	137.4	125.2	102.3	110.1	130.6	126.1	112.0	112.3	103.8	0.538 -	0.583
PHILADELPHIA	120.2	112.5	148.8	141.0	108.9	95.3	103.9	94.9	121.5	124.8	114.2	105.9	0.561 -	0.181 -
PHOENIX	43.5	41,1	29.0	22.2	18.8	13.7	17.9	24.2	21.5	25.6	24.9	17.9	0.000 -	0.000
ST LOUIS-MO-IL	1	13.5	16.4	15.9	15.3	16.6	27.2	36.8	31.0	33.6	28.9	30.0	0.487 +	0.522 .
SAN DIEGO	11.5	14.3	15.0	18.1	18.6	14.0	17.0	20.6	26.5	24.2	18.6			0.000 -
SAN FRANCISCO	63.2	70.3	109.5	109.0	73.0	83.3	100.5	104.9	87.2	96.5	94.6			0.000
SEATTLE	45.8	44.4	47.6	50.3	32.7	11.1	22.9	39.7	31.0	48.6	41.8	45.9	0.026 +	0.547
WASHINGTON DC	119.0	135.2	133.6	95.1	70.4	65.1	62.8	65.2		58.0	59.5		0.685 -	
Z-NAT PANEL	6.4	8.6	9.1	8.2	5.9	5.5	6.8	7.4	7.7	8.5	9.2	9.0	0.844 -	0.502

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT COCAINE MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1988-1993

#### CATEGORY: COCAINE

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY TOTAL U.S. ATLANTA BALTIMORE BOSTON (NECME BUFFALO CHICAGO DALLAS DENVER DETROIT LOS ANGELES MIAMI-HIALE MINNSAPOLIS NEW ORLEANS NEW YORK NEWARK PHILADELPHI PHOENIX ST LOUIS-MO SAN FRANCIS SEATTLE	A6 52 95 73 32 106 73 56	.7 50.1 .8 133.4 .7 87.1 .9 75.2 .3 318.7 .2 59.1 .3 59.9 .1 162.2 .7 90.7 .2 57.9 .5 25.6 .3 318.2 .4 193.8 .8 276.4 .7 289.8 .7 289.8 .7 29.8 .7 218.5 .9 32.3 .7 33.1 .6 218.5 .9 97.9	36.2 108.1 141.4 57.3 32.2 90.1 45.4 39.2 99.0 52.5 42.9 13.6 306.7 163.5 227.4 204.2 32.5 31.9 32.6 156.4	45.2 127.4 309.5 86.6 53.1 101.5 56.9 47.6 149.1 61.8 104.4 17.9 311.5 206.3 240.8 198.7 42.1 64.1 37.7 205.6	52.9 197.5 369.9 122.2 72.1 148.0 52.9 56.4 172.0 20.0 251.0 258.8 238.1 246.3 47.3 64.6 50.7 183.7	53.8 162.1 334.6 111.6 112.2 168.3 57.4 61.0 223.8 62.6 146.8 19.8 150.4 262.4 216.1 220.1 42.8 56.9 34.6 176.8	0.276 + 0.060 - 0.011 - 0.040 - 0.027 + 0.191 + 0.242 + 0.561 - 0.003 + 0.561 - 0.980 - 0.561 + 0.626 - 0.248 - 0.248 - 0.248 - 0.248 - 0.343 - 0.000 - 0.343 - 0.000 - 0.089 - 0.002 +	0.000 + 0.008 + 0.051 + 0.000 + 0.000 + 0.686 + 0.258 + 0.061 + 0.635 + 0.003 + 0.020 + 0.020 + 0.045 + 0.045 + 0.676 + 0.676 + 0.676 + 0.656 +
WASHINGTON Z-NAT PANEL							0.944 - 0.159 +	0.488 - 0.019 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY HOSPITALS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: HEROIN/MORPHINE

	NUL-NAL 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*		P-VAL H1,H2 93,93@	P-VAL H2,H2 92,93@
CATEGORY	i	i				1	,		i			1		h
TOTAL U.S.	8.4	9.2	8.9	10.0	8.1	7.1	7.7	8.3	9.5	11.7	13.5	14.0	0.339 +	0.000 4
ATLANTA	1.2	2.2	1.0	1.9	1.1	1.8	2.3	3.8	4.6	4.4	4.2		0.073 +	
BALTIMORE	21.0	30.0	26.3	25.3	30.1	47.9	70.4	109.7	109.1	124.7	117.0			0.183
BOSTON (NECMA)	17.6	19.2	16.1	17.7	12.0	15.2	14.4	19.3	27.6	31.5	32.4			0.324
BUFFALO	5.7	13.0	6.5	4.5	8.5	3.6	9.1	8.5	9.2	10.1	10.6			0.000
CHICAGO	16.3	17.1	18.4	20.4	17.5	19.9	20.2	21.0	26.0	27.3	29.4			0.000
DALLAS	6.4	6.7	7.1	7.0	6.9	7.0	4.8	5.4	5.9	6.1	6.3			0.748
DENVER	4.9	6.0	6.6	6.5	4.8	4.5	4.2	3.3	4.1	4.2	5.9			0.000
DETROIT	37.6	34.7	27.1	23.3	20.0	19.5	21.4	24.7		24.2	27.5			0.006
LOS ANGELES-LB	19.4	25.9	26.1	22.9	19.1	11.5	10.4	10.7		21.7	21.6			0.737
MIAMI-HIALEAH	1.2	0.7	1.3	2.0	2.0	1.2	2.8	5.4	5.2	5.0	6.2		0.166 +	
MINNEAPOLIS-SP	1.2	2.0	2.3	2.5	2.7	1.5	1.6	1.8	1.9	2.3	2.7			0.000
NEW ORLEANS	24.0	19.9	20.3	12.2	10.8	12.6	8.6	11.3	7.8	5.7	5.1			0.003
NEW YORK	39.1	31.2	30.9	39.6	25.0	24.3	34.5	42.6	49.3	56.9	64.0			0.100
NEWARK	40.7	57.1	56.1	62.3	67.0	57.5	64.4	75.1	75.8	94.1	137.7			0.266
PHILADELPHIA	19.8	20.0	35.7		32.2	28.5	33.5	21.5	26.6	26.4	30.0	24.8		0.797
PHOENIX	8.4	11.6	12.1	12.0	10.0	8.7	7.3	10.9	8.9	7.9	12.9	12.1	0.526 -	0.000
ST LOUIS-MO-IL		2.3	2.6	2.8	2.5	2.2	3.8	4.2	3.8	5.3	5.4	3.9	0.074 -	0.016
SAN DIEGO	5.6	13.0	11.4	16.2	19.5	14.4	16.3	18.1	21.0	24.1	17.1	15.5	0.112 -	0.000
SAN FRANCISCO	62.1	75.2	114.0	147.4	132.3	136.9	103.4	108.0	98.1	110.3	116.4	98.9	0.000 -	0.000
SEATTLE	22.0	21.2	20.2	32.0	27.7	7.1	20.0	24.0	21.3	39.2	43.6			0.118 -
WASHINGTON DC	37.1	35.8	28.6	22.7	17.3	20.5	19.9	21.6	19.4	22.5	22.3			0.000
Z-NAT PANEL	3.4		3.4	4.1	3.2	2.2	2.2	1.8	2.7	4.0	5.4	5.4	0.999 -	0.043 -

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS BASED ON LESS THAN 10 MENTIONS.

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1988-1993

CATEGORY: HEROIN/MORPHINE

		TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
BUFFAI CHICAG DALLAS DENVEI DETRO: LOS AI MIAMI MINNEI NEW OI NEW YOU NEWARI PHILAI	U.S. TA MORE N (NECMA) LO GO S R IT NGELES-LB -HIALEAH APOLIS-SP RLEANS DRK K DOELPHIA IX	17.5 3.5 51.0 36.9 18.9 33.4 13.2 10.9 72.3 45.3 1.9 3.2 43.8 70.8 97.8 39.8 20.0 5.9	19.0 2.9 51.6 33.8 41.1 13.1 50.3 49.0 3.3 4.7 32.5 70.6 118.4 76.5 24.2	15.3 2.9 78.0 27.2 12.1 13.7.5 14.0 9.2 39.5 30.6 4.2 23.4 49.3 124.5 60.7 18.7 4.8	16.0 6.1 180.2 33.7 17.5 41.2 10.2 7.4 46.0 21.1 8.2 3.4 19.9 77.1 139.6 54.9 18.2 8.0 34.4	19.3 53.3 11.9 8.3 45.9 36.7 10.2 4.2 13.4 106.3 170.0 53.0	27.5 9.5 250.1 64.9 32.0 69.3 12.5 16.9 58.8 43.7 6.1 12.3 256.0 54.8 25.0 9.3	0.000 + 0.451 + 0.086 + 0.000 + 0.000 + 0.534 + 0.000 + 0.016 + 0.000 + 0.119 - 0.112 + 0.081 + 0.081 + 0.081 + 0.077 +	0.000 + 0.001 + 0.000 + 0.000 + 0.000 + 0.000 + 0.029 + 0.020 + 0.000 + 0.000 + 0.001 + 0.000 - 0.030 + 6.251 + 0.933 + 0.055 + 0.079 +
SEATTI		137.3 43.2	52.1	269.2 34.7 37.7	211.4 44.0 41.4	208.4 60.6 41.9	215.2 86.0 38.8	0.099 + 0.008 + 0.438 -	0.286 + 0.040 + 0.667 -
	NGTON DC PANEL	73.0 7.4						0.000 +	0.000 +

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1980 - 2ND HALF 1993

	Jan-Jun 89	JUL-DEC 88	JAN-JUN 89	JUL-DEC	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC 93+	P-VAL H1,H2 93,93@	P-VAL H2,H2 92,93@
CATEGORY		i	i	i					1			+		+ !
TOTAL U.S.	4.9	4.3	5.0	4.5	4.2	2.9	4.1	3.2	5.1	5.5	6.0		0.030 +	0 007
ATLANTA	2.7	9.0		17.5	7.4	8.6	10.8	13.0	17.3	19.7	14.7			0.001 +
BALTIMORE	3.7	4.7	3.3	2.9	4.9	3.8	5.3	11.1	13.5	17.3	13.9		0.000 +	0.075
BOSTON (NECMA)	4.6	3.3	6.7	6.1	5.2	4.4	9.0	8.8	14.8				0.385 -	0.000
BUFFALO		1.9	2.0	2.1	1.3	1.9	3.5	2.6	3.9	14.0	15.8			0.001 +
CHICAGO	10.8	9.6	13.9	9.5	9.4	8.8	8.1	6.6	14.4	12.4	5.8		0.000 +	0.000
DALLAS	15.0	12.3	12.0	11.8	9.9	5.8	6.3	4.8	7.7	7.0	11.9			0.024
DENVER	8.4	9.4	8.9	9.9	7.5	4.5	7.2	4.6	6.2	9.4			0.178 -	0.323 -
DETROIT	13.7	15.1	19.1	9.9	9.0	6.0	8.6	11.7	17.1		5.9		0.021 +	,
LOS ANGELES-LB	8.2	8.4	7.4	10.2	8.1	5.8	6.9	6.4	7.6	19.9	29.3 10.4		0.003 +	0.000
MIAMI-HIALEAH	3.7	2.0	5.1	3.8	3.9	3.7	12.7	12.5	12.2	8.3	11.6		0.688 -	0.605 -
MINNEAPOLIS-SP	5.0	3.3	4.8	4.0	3.2	3.5	4.1	1.9		6.1	7.8			0.000
NEW ORLEANS	24.6	22.9	19.4	15.6	23.3	31.7	26.1	16.8	20.6	22.8	23.9			0.080
NEW YORK	15.8	8.9	10.5	11.9	8.7	7.9	7.8	7.6	11.0	14.3	12.5			,
NEWARK	13.5	12.2	13.0	11.6	16.2	12.6	l :::	l	11.1	12.4	12.4			0.417
PHILADELPHIA	14.3	10.3	13.7	14.8	12.6	7.1	8.8	6.9	15.7	21.2	23.8		0.400 -	0.712
PHOENIX	11.7	8.2	4.2	2.5	3.3	3.0	3,7	3.0	4.6	4.3	6.3			0.141
ST LOUIS-MO-IL		4.8	6.4	3.4	3.9	3.4	4.1	5.1	4.6	5.1	3.5		0.596 +	1
SAN DIEGO	6.5	6.5	8.0	7.7	7.1	6.1	6.7	6.2	8.4	10,0	11.5			0.046
SAN FRANCISCO	17.3	6.9	14.2	18.0	16.9	13.8	10.9	9.6	7.5	11.1	12.9			0.001
SEATTLE	6.7	7.2	7.7	8.0	7.2	6.0	7.0	9.2	9.3	9.6	10.1			0.603
WASHINGTON DC	33.2	30.0	27.5	20.8	15.0	10.9	15.6	11.2	17.1	17.8	28.5		0.941 +	
Z-NAT PANEL	2.3	2.2				1.3	2.4	1.3		2.6	2.8			0.091

ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS BASED ON LESS THAN 10 MENTIONS.
ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR

LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1988-1993

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY	1						H 10	
TOTAL U.S.	9.2	9.4	7.1	7.3	10.6	12.7	0.000 +	0.000 +
ATLANTA	11.8	. 34.7	16.0	23.8	36.9	31.1	0.146 -	0.019 +
BALTIMORE	8.4	6.2	8.7	16.4	30.8	27.0	0.000 -	0.000 +
BOSTON (NECMA)	7.9	12.7	9.6	17.8		34.1	0.005 +	0.002 +
BUFFALO	2.9	4.0	3.2	6.1		15.7	0.000 +	0.000 +
CHICAGO	20.5	23.4	18.2	14.7		26.5		0.000 +
DALLAS	27.3	23.8	15.6	11.1	14.8		0.259 +	0.015 +
DENVER	17.8	19.8	12.0	11.8	15.6		0.004 -	0.201 +
DETROIT	28.7	29.0		20.3	37.0		0.001 +	0.002 +
LOS ANGELES-LB	16.6	17.6	14.0	13.3		20,2		0.003 +
MIAMI-HIALEAH	5.6	8.8	7.5	25.2		25.6	0.025 +	0.763 +
MINNEAPOLIS-SP	8.3	8.8		6.0		17.5		0.063 +
NEW ORLEANS	47.5	34.9		42,9		54.5	0.000 +	0.000 +
NEW YORK	24.7		16.6	15.3			0.571 +	0.000 +
NEWARK	25.6		28.8	• • •	23.5		0.759 +	
PHILADELPHIA	24.5	28.5		15.7			0.083 +	0.000 +
PHOENIX	19.9	6.7		6.8			0.148 +	0.035 +
ST LOUIS-MO-IL	4	9.8		9.2			0.159 -	0.051 -
SAN DIEGO	13.1			12.9			0.192 +	0.012 +
SAN FRANCISCO	24.2	32.2		20.5			0.000 +	0.004 +
SEATTLE	13.9			16.2			0.466 +	0.014 +
WASHINGTON DC	63.1						0.100 +	0.057 +
Z-NAT PANEL	4.5	4.7	3.7	3.7	5,2	6.3	0.091 +	0.000 +

<sup>...</sup> ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS BASED ON LESS THAN 10 MENTIONS.

\* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF TOTAL EMERGENCY DEPARTMENT VISITS PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: ED VISITS \*\*

	- 													
	JAN-JUN 88	JUL-DEC	Jan-Jun 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC	Jan-Jun 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	Jan-Jun 93*	JUL-DEC 93*	P-VAL H1,H2 93,930	P-VAL H2,H2 92,93@
CATEGORY	ĺ									_				 
TOTAL U.S.	17651.0	17678.9	18028.9	18226.2	18446.2	18665.9	18554.2	19018.3	18614.6	19328.2	19699.0	19476.5	0.000 -	0.000
ATLANTA	18537.6	20487.4	19992.8	21786.6	20432.5	20292.1	20383.6	20933.5	20053.6	20317.1	19700.9	19799.9	0.367 +	0.147
BALTIMORE	18052.2	18129.3	17983.7	18967.3	17798.8	17939.6	18480.7	18691.2	18026.8	18150.7	17808.9	17822.7	0.000 +	0.000
BOSTON (NECMA)	24704.6	24175.9	24184.7	24626.5	23795.3	24751.0	23990.3	24710.2	24926.8	25192.5	24067.5	25346.8	0.000 +	0.000
BUFFALO	17606.4	18234.9	18298.8	18265.9	18339.7	19404.5	18894.8	19087.0	19108.7	19689.5	19017.3	19370.5	0.000 +	0.000
CHICAGO									19538.1					
DALLAS									15978.6					
DENVER									15372.4					
DETROIT									18507.1					
LOS ANGELES-LB									13985.1					
MIAMI-HIALEAH									15495.3					
MINNEAPOLIS-SP									13645.4					
NEW ORLEANS									22332.3					
NEW YORK									20331.1					
NEWARK									17903.9					0.000
PHILADELPHIA					1				20161.4					0.000
PHOENIX									16223.9					0.536
ST LOUIS-MO-IL									16894.3					0.092
SAN DIEGO									13371.8					0.000
SAN FRANCISCO									18397.8					0.000
SEATTLE									17032.0					0.000
WASHINGTON DC									14446.4					
Z-NAT PANEL	17528.5	17512.3	117917.5	18091.7	18405.4	118767.4	18815.9	19261.7	18922.0	19702.5	20323.4	20055.9	10.000 -	0.000

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL BD VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF TOTAL EMERGENCY DEPARTMENT VISITS PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1988-1993

### CATEGORY: ED VISITS \*\*

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
CATEGORY TOTAL U.S. ATLANTA BALTIMORE BOSTON (NECMA) BUFFALO CHICAGO	35330.0 39029.8 36181.6 48879.3 35842.7 34258.0	36953.6 48812.3 36564.6 37662.9	37112.6 40724.2 35738.8 48548.6 37746.8 39551.6	37573.7 41318.5 37172.4 48702.2 37982.3 38181.2		39174.9 39501.1 35631.7 49417.5 38388.8 38853.0	0.000 + 0.437 - 0.000 - 0.000 - 0.000 + 0.000 -	0.000 + 0.141 - 0.000 - 0.000 + 0.000 + 0.000 +
DALLAS DENVER DETROIT LOS ANGELES-LB MIAMI-HIALEAH MINNEAPOLIS-SP NEW ORLEANS	28382.5 29814.0 38173.0 29087.8 31686.9 28197.1 46233.6	30463.5 38087.4 30527.1 32214.5	32459.3 29670.8 39597.3 29694.3 30544.2 28058.3 45685.9	31569.9 29052.4 38327.9 29015.3 32574.3 29579.7 45224.8	31604.1 37550.4 28648.9 31703.9	34588.2 31244.8 38365.6 27832.4 30814.3 26230.2 47201.9		0.000 + 0.000 + 0.000 - 0.000 - 0.000 -
NEW YORK NEWARK PHILADELPHIA PHOENIX ST LOUIS-MO-IL SAN DIEGO	43775.0 41151.6 43093.1 27995.2 34546.7 27284.0	43595.9 44404.6 42200.8 27727.5 36201.7	43828.7 45569.1 42513.1 28773.8 35738.0 26702.2	41282.0 38177.7 38991.2 31496.4 38980.3 27247.2	40988.3 36586.4 40960.3 32707.4 35246.6	41326.9 37922.2 38469.2 32997.0	0.000 + 0.000 + 0.000 - 0.729 + 0.025 +	0.000 + 0.000 + 0.000 + 0.000 + 0.482 - 0.000 -
SAN FRANCISCO SEATTLE WASHINGTON DC Z-NAT PANEL	37977.6 31366.3 31770.8 35040.8	39538.7 33007.3 32581.8	37700.8 33935.6 31475.9	37542.3 35475.4 30818.4	36133.6 35950.1 29041.6		0.000 - 0.154 - 0.000 +	0.000 - 0.974 + 0.000 + 0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\* ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS ARE BASED ON ANNUAL ED VISIT DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES PER 100,000 POPULATION, BY AGE, SEX: 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: DRUG EPISODES

	JAN-JUN 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*		P-VAL H1,H2 93,930	P-VAL H2,H2 92,930
DOMAIN TOTAL U.S.***	91.1	94.5	101.9	92.0	85.7	81.7	87.4	88.5	95.0	96.4	102.0	101.9	0.752 +	0.001 +
AGE 6-34	133.0				121.5		121.6	119.4		127.6	137.2			0.113 +
AGE 12-17 AGE 18-25	141.6 187.2	198.0	154.3 202.0	123.0 177.5	131.4	148.7	130.3 164.3	106.1 162.2	175.5	106.2 169.9	132.7 183.4	177.8	0.172 -	1 1
AGE 26-34 AGE 35+	157.8		180.2 56.9	168.4 54.1	146.5 50.6	l .	154.1 54.7	163.0 58.7			185.1 69.5		0.453 + 0.002 +	0.321 + 0.000 ÷
MALE FEMALE	88.6 91.8			91.6 91.0	1						102.5 99.5			0.006 + 0.015 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS, DRUGS WITH 24-HOUR EMERGENCY ROOMS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES PER 100,000 POPULATION, BY AGE, SEX: 1988 - 1993

#### CATEGORY: DRUG EPISODES

	TOTAL. 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
DOMAIN	1							-
TOTAL U.S.***	185.6	193.9	167.3	175.8	191.4	203.9	0.000 +	0.000 +
AGE 6-34	270.8	276.8	233.7	241.0	256.1	270.1	0.011 +	0.000 +
AGE 12-17	267.4	277.4	247.1	236.3	228.1	244.5	0.012 +	0.083 +
AGE 18-25	385.1	379.6	319.4	326.5	345.4	361.3	0.225 +	0.013 +
AGE 26-34	330.4	348.6	291.7	317.1	352.6	375.2	0.031 +	0.000 +
AGE 35+	98.5	111.1	102.6	113.4	131.0	143.3	0.000 +	0.000 +
AGE 35-44	213.4	228.4	214.5	236.1	276.9	303.1	0.000 +	0.000 +
AGE 45-54	80.8	103.4	86.5	99.7	115.8	126.2	0.002 +	0.000 +
MALE	183.8	193.0	161.8	175.2	200.7	210.7	0.004 +	0.000 +
FEMALE	184.1	191.5	168.9	173.3	179.4	193.5		0.000 +
WHITE	NA@@	NA	127.9	129.8	137.2	145.8	0.012 +	0.000 +
BLACK	NA	NA	353.2	421.2				
HISPANIC	NA.	NA	154.9	166.2	204.7	223.2	0.019 +	0.001 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

©® NA IS NOT AVAILABLE.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: DRUG MENTIONS

	JAN-JUN 88	JUL-DEC	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC	JAN-JUN 91	JUL-DEC	JAN-JUN 92	JUL-DEC 92	Jan-Jun 93*	JUL-DEC 93*	<b>,</b>	P-VAL H2,H2 92,93@	
DOMAIN TOTAL U.S.***	151.9	155.5	170.0	154.8	146.5	140.0	150.6	150.6	165.3	166.6	175.2	177.8	0.275 +	0.000 +	-
AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+	219.0 216.9 312.1 266.1 82.8	190.6 322.6 288.2	236.3 334.1 301.3	215.8 186.4 291.1 292.1 93.8	199.9 285.5 260.9	179.4 247.7 252.2	204.5 200.6 275.0 270.4 98.8		221.3 191.9 304.6 302.5 112.9	163.7	232.6 199.8 308.3 330.7 121.9	178.8 306.9 336.5	0.449 - 0.077 - 0.746 - 0.734 + 0.000 +	0.071 + 0.310 + 0.222 +	
MALE FEMALE	148.6 152.2	1		153.8 153.3	,			153.9 145.0			177.7 169.5		0.040 + 0.490 -		•

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

<sup>\*\*\*</sup> TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1988 - 1993

CATEGORY: DRUG MENTIONS

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	'TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
DOMAIN TOTAL U.S.***	307.3	324.8	286.5	301.2	331.9	352.9	0.000 +	0.000 +
AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+	443.2 407.6 634.7 554.3 168.1	422.8 625.4	393.4 379.3 533.3 513.1 182.1	405.3 361.0 541.3 558.8 201.5	439.2 355.5 597.8 621.5 231.9	378.4 615.3 667.2	0.022 + 0.067 + 0.506 + 0.015 + 0.000 +	0.071 + 0.001 +
MALE FEMALE	305.5 303.8	323.1 320.6	281.9 284.3	301.5 295.7	349.8 308.8		0.018 + 0.000 +	0.000 + 0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT COCAINE MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1ST HALF 1988 - 2ND HALF 1993

#### CATEGORY: COCAINE

	JAN-JUN 88	JUL-DEC	אטנ-אאנ 89	JUL-DEC	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	Jan-Jun 93*		,	P-VAL H2,H2 92,93@
DOMAIN TOTAL U.S.***	22.2	24.5	26.2	23.9	18.7	17.6	20.9	24.3	25.6	27.4	26.7	27.1	0.526 +	0.934 +
AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+	34.8 6.8 50.2 56.8 9.4	6.8 58.3 60.6	56.5 68.8	6.3 50.9	27.2 3.7 37.9 46.4 10.4	5.7 30.0 46.4	29.9 5.7 34.5 56.2 12.1	5.0 42.5	35.2 3.5 42.7 67.2 16.5	4.0 43.0	35.6 2.7 40.3 71.7 18.5	4.8 39.6 69.3	0.016 + 0.666 - 0.394 -	
MALE FEMALE	30.8 14.0			31.8 16.1							37.2 16.6			0.644 - 0.394 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT COCAINE MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1988 - 1993

#### CATEGORY: COCAINE

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
DOMAIN								
TOTAL U.S.***	46.7	50.1	36.2	45.2	52.9	53.8	0.276 +	0.000 +
AGE 6-34	73.1	77.0	52.5	64.5	72.1	70.5	0.408 -	0.041 +
AGE 12-17	23.6	12.8	9.4	10.6	7.5	7.5	0.858 +	0.119 -
AGE 18-25	108.5	107.4	67.9	76.9	85.7	79.9	0.109 -	0.802 +
AGE 26-34	117.4	130.1	92.8	120.5	139.3	141.0	0.976 -	0.002 +
AGE 35+	20.0	23.2	20.4	26.5	35.0	38.6	0.000 +	0.000 +
AGE 35-44	52.7	59.8	51.6	66.2	85.0	93.3	0.000 +	0.000 +
AGE 45-54	11.5	13.9	13.1	16.8	24.8	26.9	0.026 +	0.000 +
MALE	64.8	68.0	48.8	61.6	73.7	74.5	0.399 +	0.000 +
FEMALE	29.3	32.6	23.6	29.1	32.6	33.8	0.191 +	0.001 +
WHITE	NA@@	NA	14.2	17.1	18.6	19.1	0.533 +	0.034 +
BLACK	NA	NA	172.0	221.0			0.972 -	0.000 +
HISPANIC	NA	NA NA	34.4	45.3				

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

<sup>\*\*\*</sup> TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

<sup>66</sup> NOT AVAILABLE.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1ST HALF 1988 - 2ND HALF 1993

CATEGORY: HEROIN/MORPHINE

		JAN-JUN 88	JUL-DEC	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93*	JUL-DEC 93*		P-VAL H2,H2 92,930	
DOMAIN TOTAL U.S.	<b>+</b> 3b • <b>+</b>	8.4	9.2	8.9	10.0	8.1	7.1	7.7	8.3	9.5	11.7	13.5	14.0	0.339 +	0.000	*
AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+		9.8 0.3 8.9 21.0 6.8	10.7 0.4 8.5 23.8 7.5	7.9 21.6	9.4 23.4	0.6 9.8	7.4 0.4 6.3 16.2 6.8	8.2 0.3 8.0 17.1 7.3	8.6	0.5 9.6 19.1	0.6 11.4 24.3	13.5 0.7 13.8 28.5 13.4	0.7 14.8 28.1	0.966 + 0.700 + 0.531 + 0.783 - 0.083 +	0.807 0.015 0.052	++++
MALE FEMALE		11.9 4.9		12.5 5.4			9.9 4.4					19.6 7.5		0.300 + 0.777 +		

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES FATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1988 - 1993

## CATEGORY: HEROIN/MORPHINE

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
DOMAIN TOTAL U.S.***	17.5	19.0	15.3	16.0	21.2	27.5	0.000 +	0.000 +
AGE 6-34 AGE 12-17 AGE 18-25 AGE 26-34 AGE 35+ AGE 35-44 AGE 45-54	20.5 0.7 17.4 44.9 14.3 35.9 11.0	20.6 0.8 17.3 45.0 17.1 43.1 11.0	16.5 0.9 16.1 34.2 14.0 34.4 9.5	17.0 0.9 16.6 35.4 15.0 35.3 11.8	20.7 1.1 21.0 43.3 21.5 49.1 18.7	27.0 1.3 28.6 56.5 27.8 64.2 23.1	0.000 + 0.536 + 0.000 + 0.000 + 0.000 + 0.000 + 0.003 +	0.000 + 0.425 + 0.000 + 0.000 + 0.000 + 0.000 +
MALE FEMALE WHITE	25.1 10.1 NA@@	26.8 11.3 NA	21.4 9.3 8.1	21.9 10.3 7.8	31.8 11.0 10.4	15.2	0.000 + 0.000 +	0.000 + 0.000 +
BLACK HISPANIC	NA NA	NA NA	49.2 27.0	59.8	72.1	89.0	0.003 + 0.003 +	0.000 + 0.000 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

<sup>\*\*\*</sup> TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

<sup>@</sup> IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

<sup>@@</sup> NOT AVAILABLE.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS. SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS PER 100,000 POPULATION, BY AGE, SEX: 1ST HALF 1988 - 2ND HALF 1993

	JAN-JUN 88	JUL-DEC 88	JAN-JUN 89	JUL-DEC 89	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	Jan-Jun 93*		,	P-VAL H2,H2 92,930
DOMAIN				Ì				ĺ					İ	İ
TOTAL U.S.***	4.9	4.3	5.0	4.5	4.2	2.9	4.1	3.2	5.1	5.5	6.0	6.7	0.030 +	0.001 +
AGE 6-34	8.5	7.5	8.6	7.8	7.2	5.2	6.8	5.4	8.5	9.3	10.1	11.4	0.069 +	0.007 +
AGE 12-17	9.2	5.4	9.5	6.3	6.5	4.4	6.0	4.6	7.7	7.4	8.9	11.5	0.074 +	0.026 +
AGE 18-25	14.1	13.3	14.8	13.3	11.9	8.1	11.1	9.0	13.8	16.0	16.0	18.9	0.055 +	0.153 +
AGE 26-34	8.5	8.4	8.2	8.8	8.1	6.4	8.0	6.3	9.9	10.9	12.5	12.5	0.938 -	0.178 +
AGE 35+	1.1	1.0	1.3	1.1	1.2	0.8	1.4	1.0	2.0	2.0	2.2	2.6	0.057 +	0.003 +
MALE	7.0	6.3	7.5	6.3	6.0	4.1	5.9	4.6	7.5	8.2	8.8	9.5	0.137 +	0.005 +
FEMALE	2.9										3.2		0.033 +	0.015 +

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

\*\*\* TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.

SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 94 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS PER 100,000 POPULATION BY AGE, SEX: 1988- 1993

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993*	P-VAL 1992, 1993@	P-VAL 1991, 1993@
DOMAIN								
TOTAL U.S. ***	9.2	9.4	7.1	7.3	10.6	12.7	0.000 +	0.000 +
AGE 6-34	16.1	16.4	12.4	12.2	17.8	21.5	0.000 +	0.000 +
AGE 12-17	14.6	15.8	10.9	10.6	15.1	20.5	0.017 +	0.000 +
AGE 18-25	27.4	28.1	20.0	20.1	29.7	35.0	0.059 +	0.000 +
AGE 26-34	16.9	17.0	14.5	14.3	20.8	25.0	0.014 +	0.000 +
AGE 35+	2.2	2.4	1.9	2.5	4.0	4.7	0.004 +	0.000 +
AGE 35-44	5.6	6.3	4.8	6.3	10.0	11.3	0.043 +	0.000 +
AGE 45-54	1.5	1.5	1.2	1.4	2.2	3.4	0.003 +	0.000 +
MALE	13.2	13.8	10.1	10.5	15.7	18.4	0.000 +	0.000 +
FEMALE	5.3	5.2	4.1	4.1	5.5	7.2		0.000 +
WHITE	NA@@	NA	4.6	4.7	6.1	8.0	0.001 -	0.000 +
BLACK	NA	NA.	20.8	22.1			0.000 +	
HISPANIC	NA	NA	6.8	7.0				

<sup>\*</sup> ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER IN 1994 AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.

<sup>\*\*\*</sup> TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.

© IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.

<sup>@@</sup> NA IS NOT AVAILABLE.

NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT-STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.