

OFFICE OF APPLIED STUDIES

**Year-End 2000
Emergency Department Data
from the
Drug Abuse Warning Network**

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

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HIGHLIGHTS

The Drug Abuse Warning Network (DAWN) is a national probability survey of hospitals with emergency departments (EDs) conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is designed to capture data on ED episodes that are induced by or related to the use of an illegal drug or the nonmedical use of a legal drug. **Therefore, DAWN data do not measure prevalence of drug use in the population.** Analyses in this report focus on comparisons between 2000 estimates and estimates for the previous 2 years, as well as long-term trends in drug mentions between 1990 and 2000. Data from 1995 onward reflect improvements that were made recently to the estimation system. **Findings reported here are statistically significant unless stated otherwise.**

The following trends were observed between 2000 and earlier years:

TOTAL DRUG-RELATED EPISODES

- In 2000, there were an estimated 601,776 drug-related ED episodes and 1,100,539 ED drug mentions (1.8 drugs per episode) in the coterminous U.S. Nationally, the number of ED episodes and mentions remained relatively stable from 1999 to 2000 (Table 2 and Figure 1).
- The 4 drugs mentioned most frequently in ED reports in 2000 were alcohol-in-combination (204,524 mentions), cocaine (174,896), heroin/morphine (97,287), and marijuana/hashish (96,446) (Table 2).
- ED mentions of cocaine, LSD, and marijuana/hashish were statistically unchanged from 1999 to 2000, but there were increases in amphetamine (35%, from 11,954 to 16,189), PCP/PCP combinations (32%, from 4,969 to 6,583), methamphetamine/speed (29%, from 10,447 to 13,513), and heroin/morphine (15%, from 84,409 to 97,287) (Table 2).
- Adjusting for population, males (with 259 episodes per 100,000 population) and young adults age 18 to 25 (with 426) had the highest rates of ED drug episodes in 2000 among the demographic subgroups (Table 46).
- Males had the highest rates of cocaine mentions (95 mentions per 100,000 population), heroin/morphine mentions (54), and marijuana/hashish mentions (52) in 2000 (Tables 50, 52, 54).
- Adjusting for population, adults age 26 to 34 had the highest rate of cocaine mentions (155 mentions per 100,000 population) and the highest rate of heroin/morphine mentions (73) in 2000 (Tables 50, 52). However, younger adults age 18 to 25 had the highest rate of marijuana/hashish mentions (with 105) among the age subgroups (Table 54).

Drug Episodes vs. Drug Mentions

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

Drug Mention: A drug mention refers to a substance that was mentioned during a drug-related ED episode. Because up to 4 drugs can be reported for each drug abuse episode, there are more mentions than episodes cited in this report.

- Among drug-related ED episodes in 2000, *dependence* (217,224, or 36% of episodes) and *suicide* (193,061, or 32%) were the most frequently cited motives for taking the substances (Table 18).
- In 2000, *overdose* was the most common reason for ED contact (264,240, or 44% of episodes). Between 1999 and 2000, patients *seeking detoxification* increased 24 percent, and patients visiting the ED because of *overdose* increased 14 percent (Table 18).
- Among the 21 metropolitan areas oversampled in DAWN, 7 had significant increases in drug-related ED episodes from 1999 to 2000: Seattle (32%, from 8,426 to 11,116), Boston (28%, from 11,669 to 14,902), Los Angeles (22%, from 20,678 to 25,288), Miami (20%, from 7,128 to 8,560), Chicago (16%, from 26,158 to 30,330), Minneapolis (12%, from 4,643 to 5,198), and Phoenix (9%, from 8,293 to 9,072) (Table 4). Drug related ED episodes decreased in Baltimore (19%, from 14,172 to 11,505) and San Francisco (12%, from 8,930 to 7,857).

LONG-TERM TRENDS 1990 TO 2000

- From 1990 to 2000, total drug-related episodes increased 62 percent, from 371,208 to 601,776 (Figure 1).
- Mentions of the four major illicit drugs increased from 1990 to 2000 as follows: marijuana/hashish (514%, from 15,706 to 96,446), heroin/morphine (187%, from 33,884 to 97,287), methamphetamine/speed (158%, from 5,236 to 13,513), and cocaine (118%, from 80,355 to 174,896) (Figure 2).

COCAINE

- Cocaine-related episodes constituted 29 percent (174,896) of all ED drug episodes in 2000, more than any other illicit substance measured by DAWN (Table 2). Mentions of cocaine were statistically unchanged from 1999 to 2000.
- Although cocaine mentions did not increase from 1999 to 2000 overall, increases were evident for Hispanics (16%) and for patients age 35 and over (9%) (Table 22).
- From 1999 to 2000, cocaine mentions increased significantly in 6 of the 21 metropolitan areas in DAWN: Los Angeles (35%, from 6,772 to 9,111), Seattle (32%, from 2,520 to 3,338), Atlanta (19%, from 5,236 to 6,229), Boston (15%, from 3,560 to 4,101), Chicago (11%, from 13,399 to 14,871), and Miami (9%, from 4,018 to 4,381) (Table 8). Decreases in cocaine mentions were observed in 4 of the 21 metropolitan areas: Baltimore (29%, from 6,921 to 4,943), Newark (13%, from 3,124 to 2,726), Washington, DC (10%, from 3,150 to 2,830), and New Orleans (7%, from 2,140 to 1,998).

HEROIN/MORPHINE

- Heroin/morphine was mentioned in 16 percent of ED drug episodes in 2000 (Table 2). From 1999 to 2000, heroin/morphine-related episodes increased 15 percent (from 84,409 to 97,287 mentions).

- The increase in heroin/morphine mentions from 1999 to 2000 was evident in several demographic subgroups, with increases for patients age 18 to 25 (22%), patients age 35 and over (11%), females (15%), males (13%), and whites (20%) (Table 24).
- Eight of the 21 metropolitan areas had increases in heroin/morphine mentions between 1999 and 2000. They were: Miami (58%, from 921 to 1,459), New Orleans (50%, from 664 to 996), Boston (35%, from 2,874 to 3,888), Buffalo (31%, from 525 to 687), Chicago (29%, from 9,725 to 12,564), Detroit (26%, from 2,678 to 3,369), Atlanta (17%, from 432 to 507), and Minneapolis (14%, from 207 to 237) (Table 10). Heroin/morphine mentions decreased in Baltimore (23%, from 7,013 to 5,414) and San Francisco (10%, from 3,074 to 2,773).

MARIJUANA/HASHISH

- Marijuana/hashish was mentioned in 16 percent (96,446) of drug-related episodes in 2000 (Table 2). There was no significant change in ED mentions of marijuana/hashish from 1999 to 2000.
- Considering ED mentions of marijuana/hashish by demographics, an increase from 1999 to 2000 was evident for Hispanics (29%), but for no other age, gender, or race/ethnicity subgroups (Table 26).
- Seven of the 21 metropolitan areas represented in DAWN experienced significant increases in marijuana/hashish mentions between 1999 and 2000: Seattle (75%, from 808 to 1,414), Boston (50%, from 1,961 to 2,945), Miami (38%, from 1,285 to 1,770), San Francisco (33%, from 470 to 627), Minneapolis (28%, from 627 to 803), Denver (20%, from 681 to 818), and Chicago (18%, from 4,561 to 5,401) (Table 12).

METHAMPHETAMINE/SPEED

- Overall, methamphetamine/speed was mentioned in 2 percent of drug-related episodes in 2000 (Table 2). From 1999 to 2000, methamphetamine/speed mentions increased 29 percent (from 10,447 to 13,513), but estimates for this drug are notable for their volatility from year to year.
- Looking across the 21 DAWN metropolitan areas, the vast majority (81%) of estimated ED mentions of methamphetamine/speed in 2000 came from 5 cities in the western United States: Los Angeles (1,375 mentions), San Diego (747), Phoenix (600), San Francisco (591), and Seattle (540) (Table 14).
- Among the 10 metropolitan areas with at least 100 mentions of methamphetamine/speed in 1999 or 2000, significant increases from 1999 to 2000 were evident in 6: Phoenix (76%, from 341 to 600), Seattle (53%, from 353 to 540), Los Angeles (51%, from 910 to 1,375), Dallas (35%, from 100 to 135), Atlanta (31%, from 83 to 109), and San Diego (28%, from 584 to 747). Methamphetamine/speed estimates were stable in San Francisco (591 mentions in 2000), St. Louis (162), Minneapolis (153), and Denver (110) (Table 14).

OTHER ILLICIT DRUGS

- ED mentions of PCP/PCP combinations increased 32 percent (from 4,969 to 6,583) from 1999 to 2000 (Table 2).

- No significant changes occurred in LSD mentions from 1999 to 2000 (5,126) (Table 2).
- Considering ED visits involving club drugs, mentions of MDMA (Ecstasy) increased 58 percent (from 2,850 to 4,511) between 1999 and 2000 (Table I). No significant changes were evident for GHB, Ketamine, and Rohypnol from 1999 to 2000. Mentions of GHB, MDMA, and Ketamine have increased dramatically since 1994, but the apparent increase in Rohypnol mentions is not statistically significant.

NON-MEDICAL USES OF LICIT DRUGS

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

- Mentions of alcohol-in-combination occurred in 34 percent (204,524) of ED drug episodes in 2000. Mentions of alcohol-in-combination were stable from 1999 to 2000 (Table 2).
- From 1999 to 2000, DAWN estimates of ED episodes involving prescription and OTC drugs show: Increases in mentions of the narcotic analgesics containing oxycodone (68%) and hydrocodone (31%) but no significant changes in the narcotic analgesics acetaminophen with codeine or d-Propoxyphene; increases in cyclobenzaprine (a muscle relaxant, 44%), OTC sleep aids (33%), and the non-narcotic analgesics ibuprofen (24%), aspirin (22%), and acetaminophen (19%) (Table 2). These findings should not be attributed to any particular brand of these drugs.

INTRODUCTION

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

This report contains final estimates of drug-related ED episodes and specific drug mentions for full years from 1993 through 2000. Final estimates for each half-year period for 1995 through 2000 are provided for reference. Final 2000 estimates are presented in this report for the first time.

This Year-End Report is similar in format to the Mid-Year 2000 Preliminary ED Report published in January 2001. Although both include estimates for the first 6 months of 2000, estimates shown in this report may differ slightly from those presented in the Mid-Year Report due to late reporting hospitals and revisions to the data weights for the present report (see Appendix A, Section III). The 2000 Detailed ED Tables (published exclusively on the Internet¹) contain additional tables for these 2000 data.

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

Beginning with this report, population-based rates (from Tables 29 through 56) are discussed within these sections by topic, rather than in a separate section. The reason is that the population-adjusted rates are best used to supplement the other estimates of episodes and mentions. By considering the number of drug mentions and episodes relative to the size of the population at risk, the rates yield standardized measures that can be compared across selected drugs, metropolitan areas, gender and age groups. The U.S. Bureau of the Census is the source for all the population data used to produce the adjusted rates (see Appendix C).

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

OVERVIEW OF DAWN ED DATA

The DAWN system provides information on some health consequences of drug use in the United States as manifested by drug-related visits to hospital EDs. Hospitals eligible for DAWN

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

are non-Federal, short-stay, general hospitals that have a 24-hour emergency department in the coterminous U.S. Since 1988, DAWN ED data have been collected from a representative sample of eligible hospitals located throughout the coterminous U.S., with oversampling in 21 metropolitan areas and a National Panel of hospitals sampled from locations outside these areas.

In 2000, the DAWN sample consisted of 578 eligible hospitals. Of these, 466 (81%) participated in the DAWN ED survey. The 2000 sample of hospitals submitted data on 185,873 drug abuse episodes with an average of 1.78 drug mentions per episode.

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

DATA COLLECTION METHODOLOGY

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

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

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

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

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

A single drug abuse episode may have multiple drug mentions. Up to 4 different substances can be recorded for each ED episode. Therefore, not every reported substance is, by itself, necessarily a cause of the medical emergency. On the other hand, substances that contributed to a drug abuse episode may occasionally go unreported or undetected. Even when only one substance is reported for an episode, an allowance should be made for reportable drugs not mentioned or for other contributory factors.

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

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

EXPLANATION OF TABLES

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

Odd-numbered tables report semi-annual data from the first half of 1995 through the second half of 2000. Even-numbered tables report annual estimates from 1993 through 2000.

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

Unlike DAWN ED reports published for periods prior to 1999, the relative standard errors (RSEs) for these data are presented on the Internet in a similar tabular format at <http://www.samhsa.gov/oas/dawn.htm>. The RSEs for corresponding rates and estimates are identical.

CONSIDERATIONS WHEN INTERPRETING DAWN DATA

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

- The number of ED episodes reported to DAWN is not equivalent to the number of individual patients, because one person may make repeated visits to an ED. DAWN data contain no personal identifiers, which would be required to estimate repeat visits. Therefore, the estimates presented in this report pertain to total ED episodes or drug mentions, not to the number of different patients involved. In this context, rates should be regarded not as prevalence rates for the population using EDs, but as indicators of the number of ED drug abuse episodes or mentions per 100,000 population.
- DAWN data may be affected by data collection procedures and thereby reflect changes in hospital services or operations. A hospital in one city may open a new detoxification unit that diverts drug-related episodes away from the ED. Conversely, in another city, people may go to the ED to seek care for detoxification because they are unable to gain admission to a drug treatment facility or because they need medical certification before entering treatment.
- Estimates of drug-related ED episodes or mentions may be affected by reporting patterns. For example, a change to computer-based recordkeeping systems in a hospital ED could increase or decrease the number of ED visits identified as drug related.
- Greater awareness and knowledge of drug-related problems may result in a greater propensity for ED staff to record drug use in the ED record. Alternatively, the sensitivity of drug-related problems may reduce patients' willingness to disclose drug use and providers' willingness to record it in the permanent medical record.
- Estimates of drug-related ED episodes or mentions are affected if the weights applied to the data change in an irregular way. We routinely investigate irregular weights and data, and our review of the weights and data used in this report did not reveal any factors that are unduly responsible for the trends reported.
- Trends may be affected by additional factors concerning the sample composition. See Appendix B for more information regarding sampling.
- Graphs illustrating trends in drug mentions often use different scales for the vertical axis.

INTERPRETATION OF STATISTICAL SIGNIFICANCE

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

In describing statistically significant differences in this report, the traditional level of statistical significance (*p* less than 0.05) is used. The tables show both *p*-values and the direction of difference indicated by "+" and "-" signs for statistically significant comparisons. The statistical tests used to determine the significance levels are t-tests (with infinite degrees of

freedom). That is, the change score, or the difference between the 2 estimates, is divided by the standard error of the estimate. A value of zero is expected under the null hypothesis.

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

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

CONSIDERATIONS WHEN READING DETAILED DATA TABLES

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

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

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

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

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

As described in Appendix A, the DAWN ED data for 1995 through 1997 were reweighted and reprogrammed, and the data presentations were improved during 1998. This report sometimes summarizes changes between 1998 and 2000, especially when a consistent trend prevailed over this 2-year period. In addition, the graphic presentations emphasize changes across the decade from 1990 through 2000.

ANNUAL TRENDS IN TOTAL DRUG EPISODES

This section presents annual estimates from the DAWN survey on the number of total drug-related ED episodes and mentions of particular drugs. The following discussion focuses on comparisons of estimates from 1999 and 2000. Tables also show statistical tests comparing 2000 estimates with those for 1998. Long-term trends in drug-related ED episodes overall and for those involving the most frequently mentioned illicit drugs are shown in Figures 1 and 2.

What is Statistically Significant?

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

TOTAL DRUG-RELATED EPISODES

- In 2000, there were 601,776 drug-related ED episodes in the coterminous U.S. with 1,100,539 drug mentions (on average, 1.8 drugs per episode). There was no statistically significant change between 1999 and 2000 in the number of ED episodes (from 554,932 to 601,776) or ED drug mentions (from 1,015,206 to 1,100,539) (Table 2 and Figure 1).
- In 2000, drug abuse-related ED visits occurred at the rate of 243 ED episodes per 100,000 population in the coterminous U.S. (Table 30).
- Cocaine continued to be the most frequently mentioned illicit drug, comprising 29 percent of episodes (174,896 mentions) in 2000. Cocaine was followed in frequency by heroin/morphine (16%, 97,287 mentions), marijuana/hashish (16%, 96,446 mentions), amphetamine (3%, 16,189 mentions), and methamphetamine/speed (2%, 13,513 mentions) (Table 2 and Figure 2).
- During 2000, the highest rates of ED drug mentions occurred for: alcohol-in-combination (83 mentions per 100,000 population), cocaine (71), heroin/morphine (39), and marijuana/hashish (39) (Table 30).
- Alcohol-in-combination was mentioned in 34 percent (204,524) of ED drug episodes in 2000 and remains the most common substance reported by DAWN EDs (Table 2). Note that alcohol is only reported to DAWN when present in combination with another reportable drug.
- Mentions of the narcotic analgesics oxycodone and hydrocodone are relatively infrequent (mentioned in 2% and 3% of episodes, respectively), but revealed significant increases. From 1999 to 2000, mentions of drugs containing oxycodone increased 68 percent (from 6,429 to 10,825), and mentions of drugs containing hydrocodone increased 31 percent (from 14,639 to 19,221). Mentions of oxycodone were 108 percent higher in 2000 than in 1998, and mentions of hydrocodone were 53 percent higher than in 1998.

CHANGES FROM 1999 TO 2000

- A comparison of 1999 and 2000 revealed:
 - No significant changes for cocaine, LSD, or marijuana/hashish (Table 2);
 - Increases in amphetamine (35%), PCP/PCP combinations (32%), methamphetamine/speed (29%), and heroin/morphine (15%) (Table 2);
 - Increases in mentions of the narcotic analgesics containing oxycodone (68%) and hydrocodone (31%) (Table 2);
 - No significant changes in mentions of other narcotic analgesics—acetaminophen with codeine and d-Propoxyphene—from 1999 to 2000, and a 24 percent decrease in mentions of the former from 1998 to 2000 (Table 2);
 - Increases among other prescription or over-the-counter (OTC) drugs: cyclobenzaprine (a muscle relaxant, 44%), OTC sleep aids (33%), and the non-narcotic analgesics ibuprofen (24%), aspirin (22%), and acetaminophen (19%) (Table 2); and
 - No significant decreases in any of the drugs tracked in these tables (Table 2).

DEMOGRAPHIC CHARACTERISTICS OF PATIENTS

- From 1999 to 2000, total drug-related ED episodes increased 20 percent for patients age 12 to 17 (from 52,783 to 63,448) and 13 percent for patients age 18 to 25 (from 109,580 to 123,438), but remained stable for older age groups (Table 18).
- Total drug-related ED episodes involving females increased 9 percent (from 258,079 to 281,994) between 1999 and 2000, but were statistically unchanged for males (Table 18).
- From 1999 to 2000, total drug-related ED episodes involving Hispanic patients increased 20 percent (from 56,891 to 68,282). There were no significant changes for episodes involving other racial/ethnic subgroups (Table 18).
- Adjusting for population, males (with 259 episodes per 100,000 population) and young adults age 18 to 25 (with 426) had the highest rates of ED drug episodes in 2000 among the demographic subgroups (Table 46).

EPISODE CHARACTERISTICS

- Motives for taking substances
 - In drug-related ED episodes during 2000, *dependence* (36%, 217,224 episodes) and *suicide* (32%, 193,061) were the most frequently cited motives for taking substances (Table 18).
 - Between 1999 and 2000, motives for taking substances were statistically unchanged (Table 18).

- However, 19 percent of episodes had other or unknown motives reported during 2000 (Table 18).
- Reasons for ED contact
 - *Overdose* was the most frequently cited reason for the drug-related ED contacts (44%, 264,240 episodes) in 2000 (Table 18).
 - Between 1999 and 2000, ED episodes involving patients seeking detoxification increased 24 percent (from 72,960 to 90,625) and episodes involving overdose increased 14 percent (from 232,283 to 264,240) (Table 18).
 - However, 13 percent of ED episodes had other or unknown reasons for the ED visit (Table 18).

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

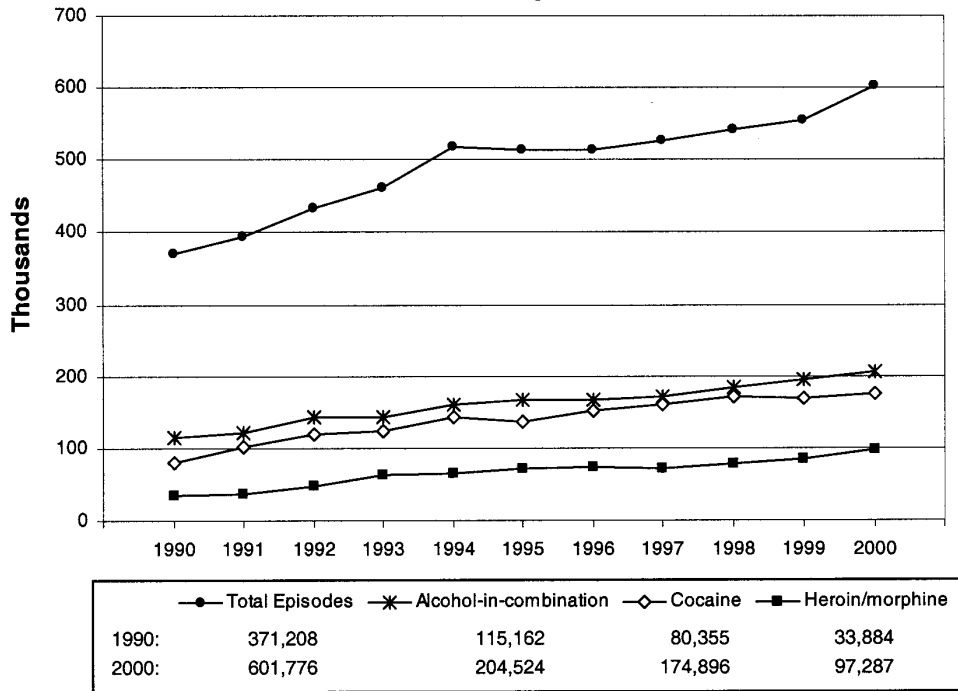
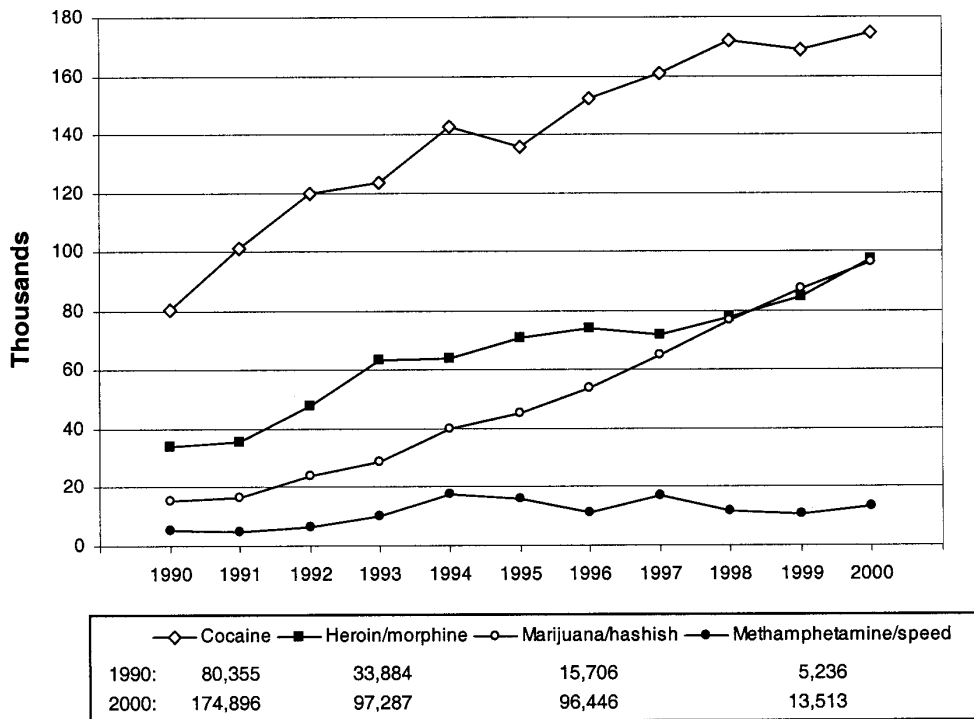


Figure 2
Number of drug-related episodes by selected drugs:
1990 through 2000



ANNUAL TRENDS IN COCAINE MENTIONS

This section presents annual estimates of the number of cocaine mentions in drug-related ED episodes. Cocaine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of cocaine alone or mentions of cocaine with one or more other drugs. Long-term trends in cocaine mentions for subgroups of patients, based on age and race/ethnicity, are shown in Figures 3 and 4.

- Cocaine was mentioned in 29 percent of all drug-related ED episodes in 2000 (174,896 mentions). Cocaine mentions, which rose steadily from 1990 to 1997, remained relatively stable from 1997 (161,087) to 1998 (172,014), from 1998 to 1999 (168,763), and from 1999 to 2000 (174,896) (Table 2 and Figure 2).
- More than half of cocaine mentions (53%, 93,354) occurred among patients age 35 and older, the largest age category (Table 22). Between 1999 and 2000, cocaine mentions for patients age 35 and older increased 9 percent, while mentions for other age groups remained stable (Figure 3).
- Nearly two-thirds (65%) of cocaine mentions in 2000 occurred among ED episodes of males (Table 22). From 1990 to 2000, cocaine mentions more than doubled for both males and females (increasing from 52,213 to 113,367 for males and from 27,150 to 59,316 for females).
- In 2000, 43 percent of cocaine mentions occurred in ED episodes of black patients, 34 percent of white patients, and 14 percent of Hispanic patients (Table 22). Increases in mentions from 1990 to 2000 have been highest among Hispanic patients (258%), followed by white patients (148%), while mentions among black patients have risen 76 percent (Figure 4).
- Adjusting for population, males (with 95 mentions per 100,000 population) and adults age 26 to 34 (with 155) had the highest rates of cocaine mentions among the demographic subgroups in 2000 (Table 50).
- Among cocaine-related episodes, *dependence* (59% of mentions) was the most commonly reported motive for drug use in 2000. *Recreational use* and *suicide attempt* accounted for 15 and 9 percent of reported motives, respectively. Seventeen percent of cocaine mentions had motives reported as unknown or "other" (Table 22).
- In 2000, the most frequently reported reasons for ED contact in which cocaine was mentioned were *seeking detoxification* (28%) and *unexpected reaction* (25%). Another 15 percent had "other" or unknown reasons reported despite the 25 percent decrease in this category from 1999 to 2000 (Table 22).

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

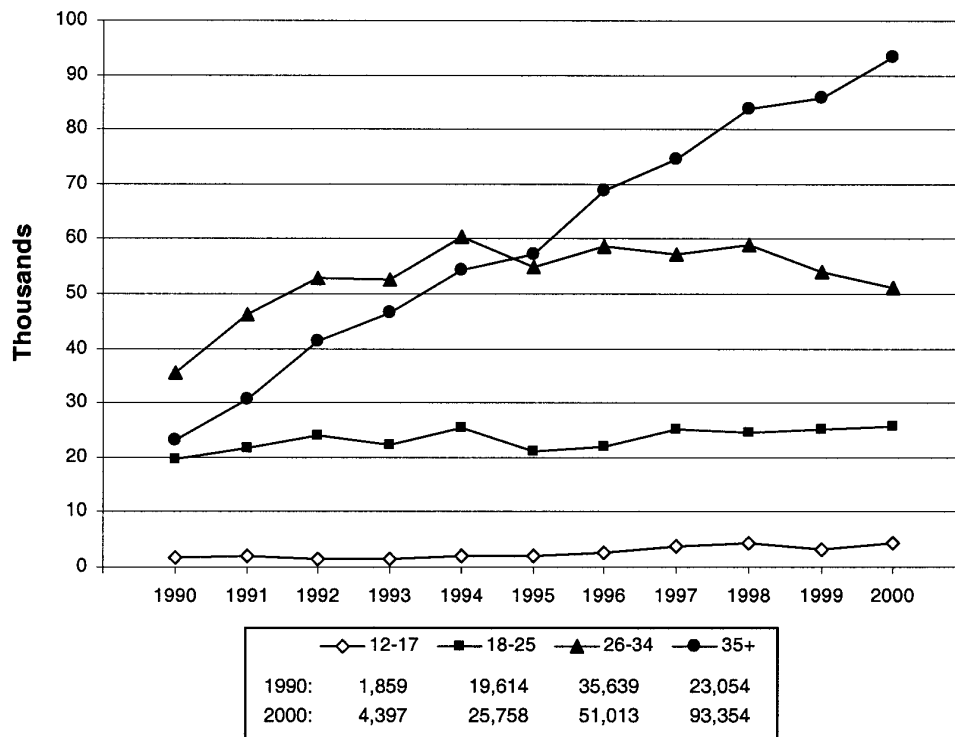
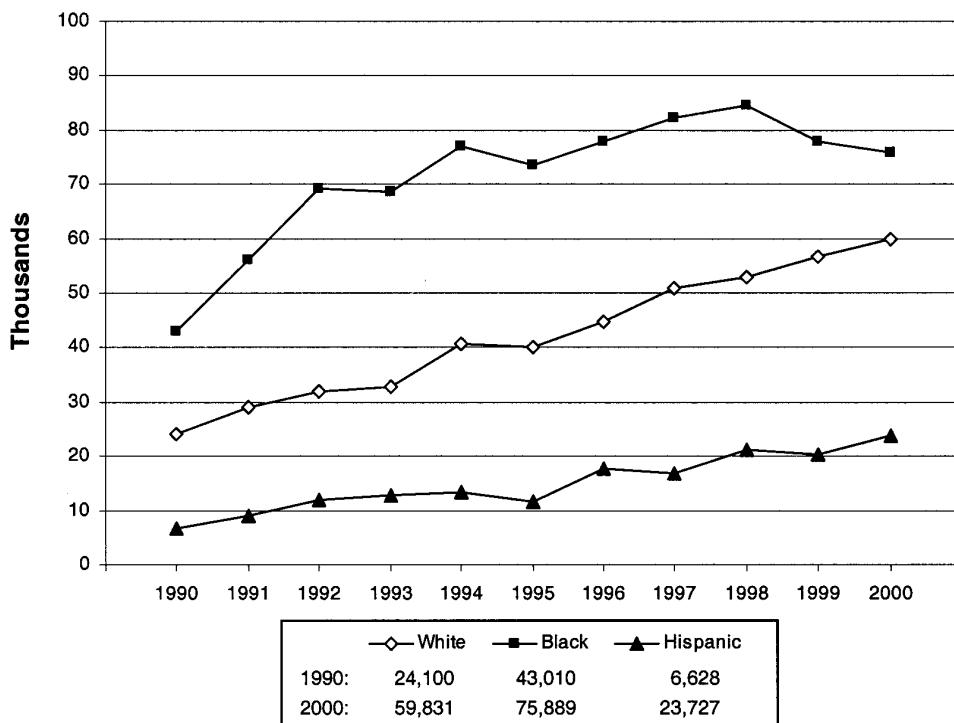


Figure 4
Number of cocaine mentions by race/ethnicity:
1990 through 2000



ANNUAL TRENDS IN HEROIN/MORPHINE MENTIONS

This section presents annual estimates of the number of heroin/morphine mentions in drug-related ED episodes. Heroin/morphine is sometimes used in combination with other drugs. Therefore, one ED episode can include mentions of heroin/morphine alone or mentions of heroin/morphine with one or more other drugs. Figures 5 and 6 illustrate long-term trends in heroin/morphine mentions among subgroups of patients, based on their age and race/ethnicity.

- In 2000, 16 percent (97,287) of all drug-related episodes had mentions of heroin/morphine (Table 2). Heroin/morphine mentions increased 15 percent since 1999 (84,409 mentions) and 25 percent since 1998 (77,645) (Figure 1).
- Patients age 35 and older accounted for the majority (55%) of heroin/morphine mentions in 2000 (Table 24). Between 1999 and 2000, heroin/morphine mentions among this age group increased 11 percent. Since 1990 this number has more than tripled (from 15,850 to 53,418) (Figure 5).
- Between 1999 and 2000, heroin/morphine mentions among patients age 18 to 25 increased 22 percent (from 15,132 to 18,400) (Table 24).
- In 2000, 66 percent of heroin/morphine mentions occurred among males (Table 24). From 1999 to 2000, heroin/morphine mentions increased for both females (15%, from 27,157 to 31,344) and males (13%, from 56,624 to 63,998).
- Adjusting for population, males (with 54 mentions per 100,000 population) and adults age 26 to 34 (with 73) had the highest rates of heroin/morphine mentions among the demographic subgroups in 2000 (Table 52).
- In 2000, white and black patients constituted 42 and 32 percent of heroin/morphine mentions, respectively (Table 24). Hispanic patients were represented in 15 percent of heroin/morphine mentions. Between 1999 and 2000, heroin/morphine mentions increased 20 percent among white patients but were relatively stable for the other race/ethnicity subgroups. However, trends for race/ethnicity subgroups need to be interpreted cautiously, since race/ethnicity was reported as unknown in 11 percent of mentions.
- Within the 21 metropolitan areas oversampled in DAWN, the majority (54%) of heroin/morphine mentions in 2000 occurred in hospitals inside the central cities (Table 24). Mentions of heroin/morphine inside the central cities increased 11 percent between 1999 and 2000 (from 47,127 to 52,464).
- Among ED episodes involving heroin/morphine in 2000, *dependence* accounted for 83 percent of the reported motives (Table 24), which represents an 18 percent increase since 2000. Another 9 percent of patients had motive reported as unknown or "other." No other statistically significant change occurred between 1999 and 2000 for drug use motive.
- In 2000, the most frequently reported reasons for ED visits with heroin/morphine mentions were *seeking detoxification* (37%), *overdose* (17%), and *chronic effects*

(17%) (Table 24). Patients seeking detoxification increased 36 percent between 1999 and 2000 (from 26,804 to 36,460). Increases in cases *seeking detox* may reflect factors other than a change in emergent visits related to heroin/morphine. In some hospitals, patients must receive a medical clearance through the ED prior to admission to a detoxification unit. Therefore, it is possible that a rise in cases seeking detox could merely reflect a change in these procedures. At this time, it is not possible to determine with DAWN data whether these cases sought administrative clearance or treatment for emergent conditions. Eight percent of heroin/morphine-related ED visits had "other" or unknown reasons reported.

Figure 5
Number of heroin/morphine mentions by age:
1990 through 2000

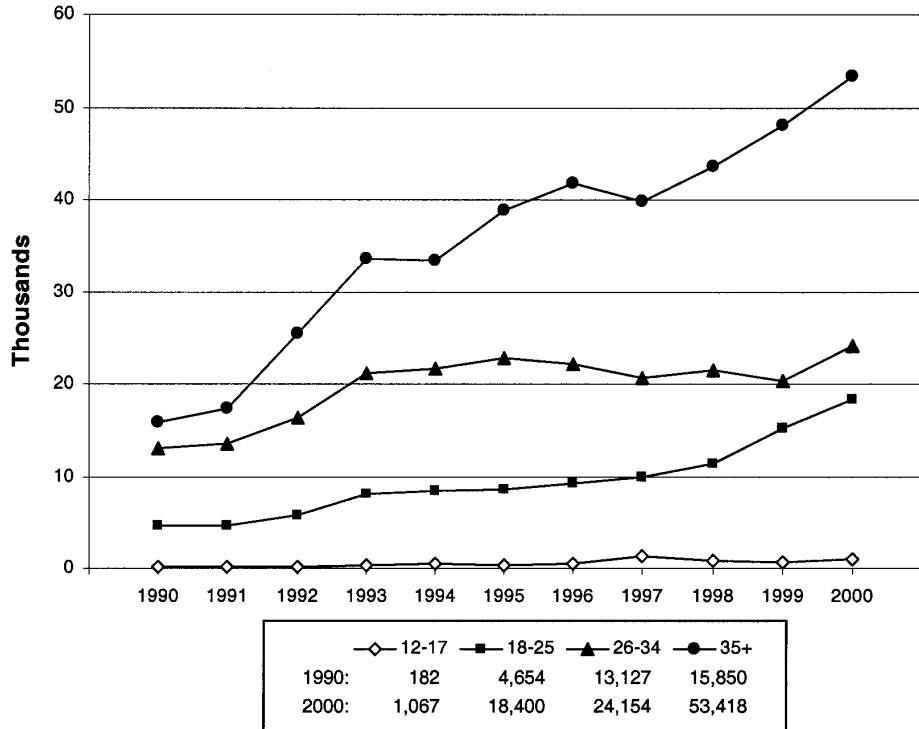
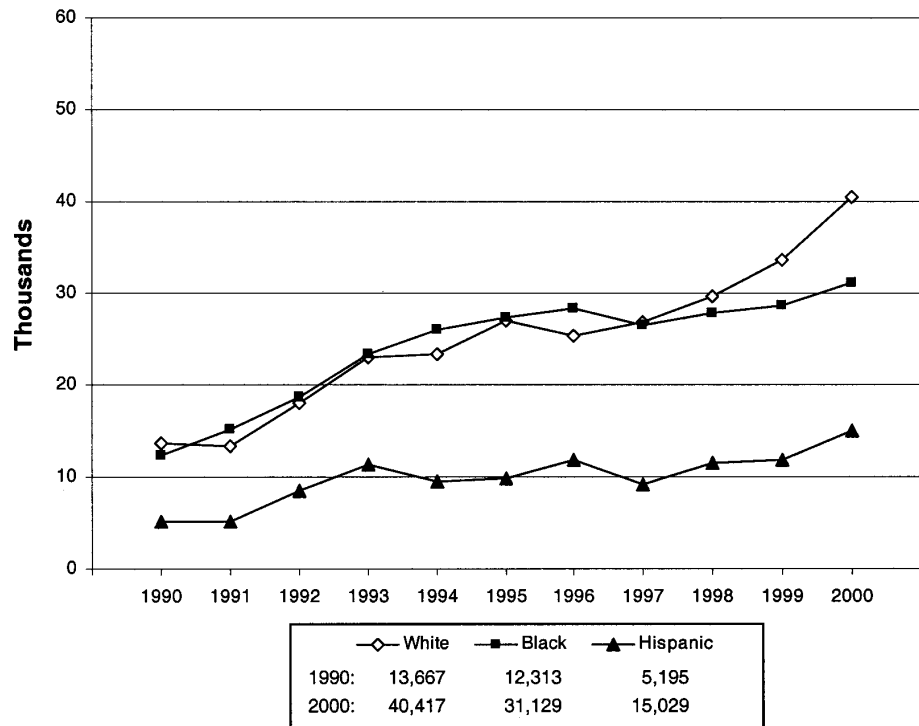


Figure 6
Number of heroin/morphine mentions by race/ethnicity: 1990
through 2000



ANNUAL TRENDS IN MARIJUANA/HASHISH MENTIONS

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

- Marijuana/hashish was mentioned in 16 percent (96,446) of all drug-related episodes in 2000 (Table 2). Although there was no significant increase in the number of mentions from 1999 to 2000, total marijuana/hashish mentions have increased steadily from 1990 (15,706) to 2000—an increase of 514 percent (Figure 2).
- Between 1999 and 2000, the number of marijuana/hashish mentions remained stable for all age and gender subgroups (Table 26). However, marijuana/hashish mentions have risen dramatically during the past decade for all age groups (Figure 7). The largest increases in marijuana/hashish mentions from 1990 to 2000 have been among patients age 35 and older (1,209%, from 2,160 to 28,276) and patients age 12 to 17 (622%, from 2,170 to 15,683).
- Adjusting for population, males (with 52 mentions per 100,000 population) and young adults age 18 to 25 (with 105) had the highest rates of marijuana/hashish mentions among the demographic subgroups in 2000 (Table 54).
- In 2000, 51 percent of ED marijuana/hashish mentions occurred among white ED patients, 27 percent among black ED patients, and 12 percent among Hispanic ED patients (Table 26). From 1999 to 2000, marijuana/hashish mentions increased 29 percent among Hispanic patients (from 9,066 to 11,736) but remained stable for the other race/ethnicity subgroups. However, between 1990 and 2000, marijuana/hashish mentions increased 792 percent among Hispanic patients, 526 percent among white patients, and 408 percent among black patients (Figure 8). Race was reported as *unknown* in 9 percent of marijuana/hashish-related episodes.
- Marijuana/hashish-related episodes were relatively stable between 1999 and 2000 for males and females (Table 26). However, marijuana/hashish mentions have increased dramatically for both females and males from 1990 to 2000 (611% and 469%, respectively).
- Within the 21 metropolitan areas oversampled in DAWN, marijuana/hashish mentions increased 6 percent in the central cities between 1999 and 2000 (Table 26).
- Marijuana/hashish mentions related to all motives were stable from 1999 to 2000 (Table 26). ED contacts due to *chronic effects* increased 25 percent (from 6,891 to 8,621), and contacts due to patients *seeking detoxification* increased 18 percent (from 11,908 to 14,110). However, 2 important caveats must be kept in mind. First, the drug use motive and reason for ED contact were frequently unknown or reported as "other" (24% and 23% of mentions, respectively). Second, drug use motive and reason for ED contact pertain to the episode, not a particular drug. Since marijuana/hashish is frequently reported in combination with other drugs, the reason for the ED contact may be more relevant to the other drug(s) involved in the episode.

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

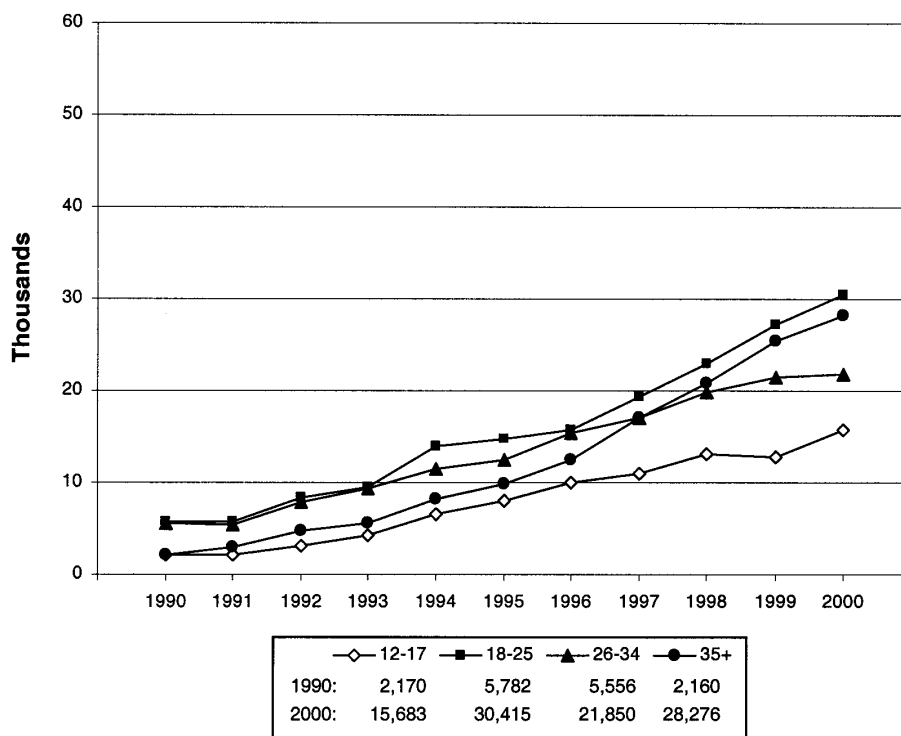
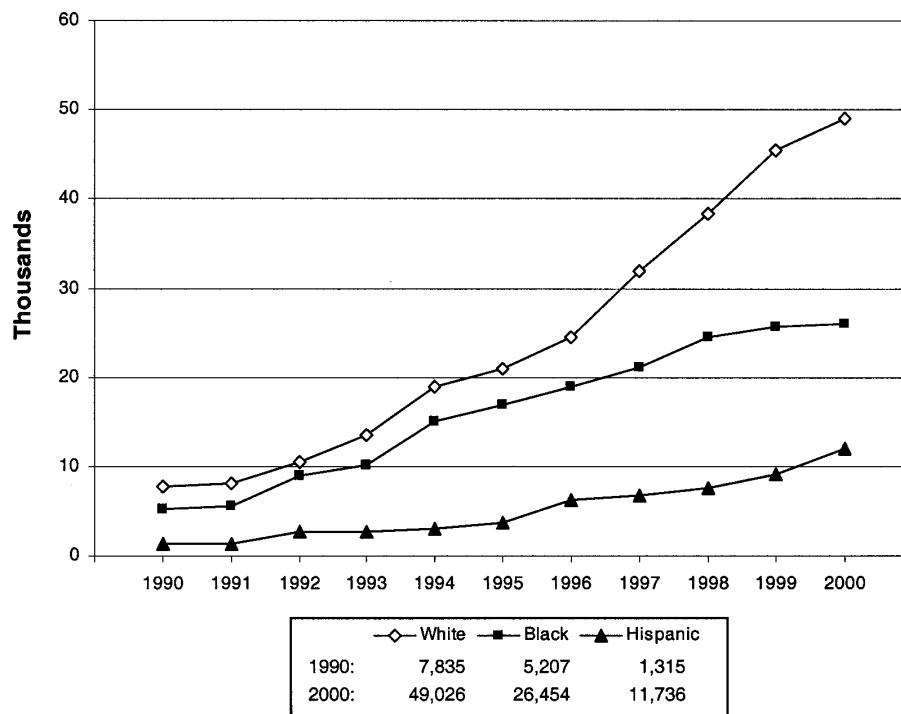


Figure 8
Number of marijuana/hashish mentions by
race/ethnicity: 1990 through 2000



ANNUAL TRENDS IN OTHER ILLICIT DRUG MENTIONS

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

METHAMPHETAMINE/SPEED

- Methamphetamine/speed was mentioned in 2 percent of drug-related ED episodes in 2000 (Table 2). Nationally, methamphetamine/speed mentions increased 29 percent (from 10,447 to 13,513) from 1999 to 2000.
- Almost two-thirds (65%) of methamphetamine/speed mentions in 2000 were attributed to the National Panel, which represents hospitals outside the 21 DAWN metropolitan areas (Table 14). Figure 9 shows that fluctuations in the trend observed since 1993 are due in large part to fluctuations in the methamphetamine/speed mentions estimated for the National Panel (Table 28). It is important to note that the apparent changes in methamphetamine/speed mentions for the National Panel from 1999 to 2000 were not statistically significant. Similarly, apparent changes in the National Panel from 1998 to 1999, 1997 to 1998, from 1996 to 1997, from 1995 to 1996, and from 1994 to 1995 were not statistically significant.
- Within the 21 metropolitan areas, a 44 percent increase in methamphetamine/speed mentions between 1999 to 2000 occurred for EDs inside central cities, and a 33 percent increase occurred for EDs outside the central cities (Table 28 and Figure 9).
- Between 1999 and 2000, the number of methamphetamine/speed mentions increased 41 percent among patients age 26 to 34 (from 2,988 to 4,211) and 35 percent among patients age 35 and older (from 3,316 to 4,464) (Table 28).
- The number of methamphetamine/speed mentions among male patients increased 39 percent between 1999 and 2000 (from 6,054 to 8,389) (Table 28). Methamphetamine/speed mentions among female patients remained stable between 1999 and 2000.
- Adjusting for population, males (with 7 mentions per 100,000 population) and adults age 18 to 34 (with 13) had the highest rates of methamphetamine/speed mentions among the demographic subgroups in 2000 (Table 56).
- Figure 10 compares methamphetamine/speed and amphetamine mentions. The number of amphetamine mentions reached the level of methamphetamine/speed mentions in 1998 (11,751 vs. 11,491 mentions, respectively) and exceeded methamphetamine/speed mentions in 1999 and 2000 (Table 2).

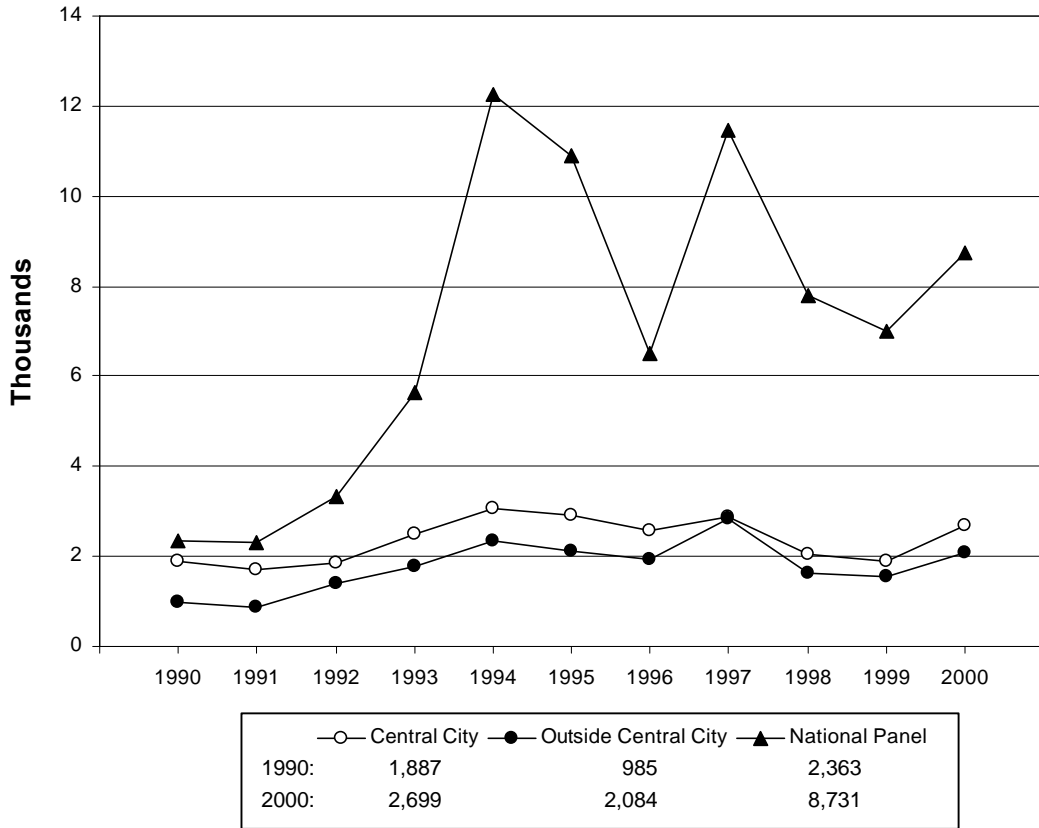
PCP

- ED mentions for PCP/PCP combinations increased 32 percent (from 4,969 to 6,583) between 1999 and 2000 (Table 2).

LSD

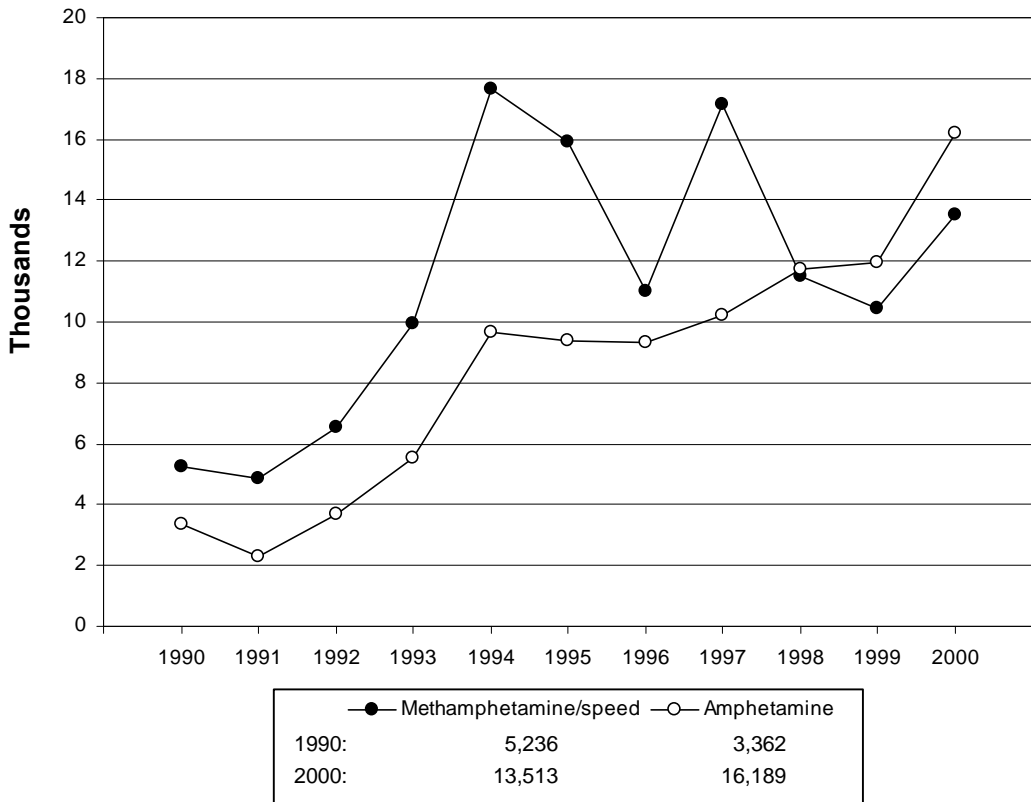
- There were no statistically significant changes in LSD mentions from 1999 to 2000 (Table 2).

Figure 9
Number of methamphetamine/speed
mentions by location: 1990 through 2000



	○ Central City	● Outside Central City	▲ National Panel
1990:	1,887	985	2,363
2000:	2,699	2,084	8,731

Figure 10
Number of methamphetamine/speed and amphetamine
mentions: 1990 through 2000



	● Methamphetamine/speed	○ Amphetamine
1990:	5,236	3,362
2000:	13,513	16,189

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

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

- Mentions of alcohol-in-combination occurred in 34 percent (204,524) of ED drug episodes in 2000. Mentions of alcohol-in-combination were stable from 1999 to 2000 (Table 2).
- Non-narcotic analgesics
 - Non-narcotic analgesics are frequently reported to DAWN, although they may be reported in combination with other substances and may not themselves be the cause of the ED visit.
 - In 2000, the following non-narcotic analgesics were mentioned frequently: acetaminophen (6% of episodes, 33,613), ibuprofen (3%, 17,923), aspirin (3%, 15,657), and naproxen (1%, 5,080) (Table 2).
 - Mentions of ibuprofen, aspirin, and acetaminophen increased 24, 22, and 19 percent, respectively, between 1999 and 2000, while mentions of naproxen remained stable (Table 2).
- Narcotic analgesics
 - Among the narcotic analgesics, hydrocodone was mentioned in 3 percent (19,221) of ED episodes, oxycodone (10,825) was mentioned in 2 percent of episodes, and d-Propoxyphene (6,477) and acetaminophen with codeine (3,846) were each mentioned in 1 percent of episodes in 2000 (Table 2).
 - From 1999 to 2000, mentions of drugs containing oxycodone increased 68 percent (from 6,429 to 10,825), and mentions of drugs containing hydrocodone increased 31 percent (from 14,639 to 19,221). Mentions of oxycodone were 108 percent higher in 2000 than in 1998, and mentions of hydrocodone were 53 percent higher (Table 2).

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

These brands are presented as examples for the generic drugs shown. Estimates for specific brands are not published.

- Mentions of other narcotic analgesics—acetaminophen with codeine and d-Propoxyphene—were statistically unchanged from 1999 to 2000, and mentions of the former declined 24 percent from 1998 to 2000 (Table 2).
- Mentions of the antidepressants trazodone (9,798, 2% of episodes), amitriptyline (6,446, 1%), fluoxetine (7,938, 1%), doxepin (1,552, 0.3%), and imipramine (564, 0.1% of episodes) showed no statistically significant changes between 1999 and 2000 (Table 2).
- Mentions of the benzodiazepines alprazolam (22,105, 4% of episodes), clonazepam (18,005, 3%), diazepam (12,090, 2%), lorazepam (10,671, 2%), and triazolam (362, 0.1%) remained stable from 1999 to 2000 (Table 2). Since 1993, mentions of clonazepam have increased 77 percent, and mentions of triazolam have decreased 71 percent.
- Between 1999 and 2000, a 44 percent increase in cyclobenzaprine mentions and a 33 percent increase in OTC sleep aids were noted (Table 2). Mentions of haloperidol decreased 45 percent between 1998 and 2000.

ANNUAL TRENDS IN SELECTED METROPOLITAN AREAS

This section presents findings for the 21 selected metropolitan areas oversampled in DAWN. Readers should note that small changes in the estimates for Baltimore, Buffalo, Denver, San Diego, and San Francisco may produce statistically significant differences because all eligible hospitals are included in the sample for those cities. Tables 3 through 16 contain the metropolitan area estimates and estimates for the National Panel, which represents hospitals outside those areas.³

- Among the 21 metropolitan areas oversampled in DAWN:
 - Seven had significant increases in drug-related ED episodes from 1999 to 2000: Seattle (32%, from 8,426 to 11,116), Boston (28%, from 11,669 to 14,902), Los Angeles (22%, from 20,678 to 25,288), Miami (20%, from 7,128 to 8,560), Chicago (16%, from 26,158 to 30,330), Minneapolis (12%, from 4,643 to 5,198), and Phoenix (9%, from 8,293 to 9,072) (Table 4).
 - Two had significant decreases in drug-related ED episodes from 1999 to 2000: Baltimore (19%, from 14,172 to 11,505) and San Francisco (12%, from 8,930 to 7,857).
 - The 5 metropolitan areas with the highest rates of ED drug episodes in 2000 were: Seattle (563 ED episodes per 100,000 population), Chicago (502), Baltimore (483), Philadelphia (482), and San Francisco (480) (Table 32);
 - The 7 metropolitan areas with the lowest rates of drug-related ED episodes in 2000 were: Minneapolis (214 episodes per 100,000 population), Washington, DC (262), Dallas (272), St. Louis (283), San Diego (290), Los Angeles (292), and Buffalo (297) (Table 32).
- In 2000, the rate of ED drug episodes for the National Panel was 192 episodes per 100,000 population (Table 32).

COCAINE

- From 1999 to 2000, cocaine mentions increased significantly in 6 of the 21 metropolitan areas in DAWN: Los Angeles (35%, from 6,772 to 9,111), Seattle (32%, from 2,520 to 3,338), Atlanta (19%, from 5,236 to 6,229), Boston (15%, from 3,560 to 4,101), Chicago (11%, from 13,399 to 14,871), and Miami (9%, from 4,018 to 4,381) (Table 8).
- From 1999 to 2000, decreases in cocaine mentions were observed in 4 of the 21 metropolitan areas covered in DAWN: Baltimore (29%, from 6,921 to 4,943), Newark (13%, from 3,124 to 2,726), Washington, DC (10%, from 3,150 to 2,830), and New Orleans (7%, from 2,140 to 1,998) (Table 8).

³ We have noted a tendency to equate the National Panel with rural areas, when in fact the National Panel is a sample of EDs from all areas—urban, suburban, and rural—outside of DAWN's 21 metropolitan areas. The DAWN sample cannot produce estimates for any rural areas.

- Adjusting for population, the highest rates of cocaine mentions in 2000 occurred in Chicago (246 cocaine mentions per 100,000 population), Miami (225), Atlanta (221), Philadelphia (216), and Baltimore (208) (Table 36). This is the first time since 1991 that Baltimore has not ranked first.

HEROIN/MORPHINE

- Eight of the 21 metropolitan areas had increases in heroin/morphine mentions between 1999 and 2000. They were: Miami (58%, from 921 to 1,459), New Orleans (50%, from 664 to 996), Boston (35%, from 2,874 to 3,888), Buffalo (31%, from 525 to 687), Chicago (29%, from 9,725 to 12,564), Detroit (26%, from 2,678 to 3,369), Atlanta (17%, from 432 to 507), and Minneapolis (14%, from 207 to 237) (Table 10).
- Between 1999 and 2000, heroin/morphine mentions decreased in Baltimore (23%, from 7,013 to 5,414) and San Francisco (10%, from 3,074 to 2,773) (Table 10).
- Adjusting for population, the highest rates of heroin/morphine mentions in 2000 occurred in Newark (238 heroin/morphine mentions per 100,000 population), Baltimore (227), and Chicago (208) (Table 38). This is the first time since 1993 that Baltimore has not ranked first.

OTHER ILLICIT DRUGS

- Seven of the 21 metropolitan areas in DAWN experienced significant increases in marijuana/hashish mentions between 1999 and 2000: Seattle (75%, from 808 to 1,414), Boston (50%, from 1,961 to 2,945), Miami (38%, from 1,285 to 1,770), San Francisco (33%, from 470 to 627), Minneapolis (28%, from 627 to 803), Denver (20%, from 681 to 818), and Chicago (18%, from 4,561 to 5,401) (Table 12).
- Adjusting for population, the highest rates of marijuana/hashish episodes in 2000 occurred in Philadelphia (101 marijuana/hashish mentions per 100,000 population), Detroit (99), and Miami (91) (Table 40).
- Looking across the 21 DAWN metropolitan areas, the vast majority (81%) of estimated ED mentions of methamphetamine/speed in 2000 came from 5 cities in the western United States: Los Angeles (1,375 mentions), San Diego (747), Phoenix (600), San Francisco (591), and Seattle (540) (Table 14).
- Among the 10 metropolitan areas with at least 100 mentions of methamphetamine/speed in 1999 or 2000, significant increases from 1999 to 2000 were evident in 6: Phoenix (76%, from 341 to 600), Seattle (53%, from 353 to 540), Los Angeles (51%, from 910 to 1,375), Dallas (35%, from 100 to 135), Atlanta (31%, from 83 to 109), and San Diego (28%, from 584 to 747). Methamphetamine/speed estimates were stable in San Francisco (591 mentions), St. Louis (162), Minneapolis (153), and Denver (110) (Table 14).
- Adjusting for population, the highest rates of methamphetamine/speed mentions occurred in the 5 metropolitan areas in the west: San Francisco (36 methamphetamine/speed mentions per 100,000 population), San Diego (31), Phoenix (29), Seattle (27), and Los Angeles (16) (Table 42).

DISCUSSION OF RESULTS

This report presents final estimates from the DAWN ED component for 2000. The previous sections of this report focused on trends for particular drugs and metropolitan areas. The purpose of this section is to highlight issues that cut across the topics discussed previously and to discuss the possible implications of those findings.

OVERVIEW

DAWN estimates presented for the first time in this report reveal a number of significant changes between 1999 and 2000. The total number of drug-related ED episodes was relatively stable from 1999 through 2000, continuing a pattern of stability that began in 1994 (Figure 1). However, ED mentions of two major illicit drugs—methamphetamine/speed and heroin/morphine—increased significantly from 1999 to 2000, as did mentions of amphetamine and PCP/PCP combinations. ED mentions of cocaine, LSD, and marijuana/hashish were stable from 1999 to 2000. Mentions of several prescription and over-the-counter (OTC) drugs reported to DAWN (especially the narcotic and non-narcotic analgesics) also increased between 1999 and 2000. Total ED visits (drug-related and all other) rose 6 percent from 1999 to 2000.

These findings differ somewhat from those reported in preliminary estimates based on data for the first half of 2000 (OAS, 2000a). Mid-year comparisons of estimates for the first half of 1999 and the first half of 2000 showed significant increases in heroin/morphine, methamphetamine/speed, PCP/PCP combinations, and amphetamine, and these were borne out in the full year's data. The lack of significant change in mentions of cocaine, LSD, and marijuana/hashish was present also in the mid-year comparisons and in these final estimates. Mid-year estimates showed significant increases in hydrocodone and acetaminophen (both analgesics and both showing increases for the full year). However, none of the full-year changes for other prescription and OTC drugs were observed in the mid-year data. As noted in the mid-year DAWN report, seasonal distortions and incomplete reporting can result in preliminary findings that are not sustained when the completed year's data are available.

CLUB DRUGS

DAWN first reported on ED visits involving club drugs in a special report released in December 2000 (OAS, 2000b). These drugs, so called because of their association with “raves” and dance clubs, have received considerable media and policy attention recently. Although these drugs are not listed in the tables presented in this report series, DAWN routinely captures data on these drugs.⁴ In fact, DAWN is one of the few data systems capable of identifying drug abuse problems that may be “emerging” while they are still relatively infrequent.

The 6 drugs commonly referred to as club drugs are:

- d-lysergic acid diethylamide (LSD),
- Gamma-hydroxy butyrate (GHB, or its precursor gamma-butyrolactone [GBL]),
- Ketamine,
- Methamphetamine,

⁴ As part of the redesign of DAWN, we have plans to begin reporting regularly on these and several other illicit drugs of special interest.

- Methylenedioxymethamphetamine (MDMA or Ecstasy), and
- Rohypnol (flunitrazepam).

Methamphetamine/speed and LSD were discussed above, so this discussion will focus mainly on the other 4 club drugs, GHB, Ketamine, MDMA (Ecstasy), and Rohypnol.

DAWN estimates 4,969 ED mentions of GHB, 4,511 mentions of MDMA, 469 mentions of Rohypnol, and 263 mentions of Ketamine for the coterminous U.S. (Table I). When considered relative to the total number of drug mentions in 2000 (more than 1 million), these numbers are relatively small.

An important question is whether mentions of these drugs are increasing, because that might suggest an emerging problem. Since 1994, ED mentions of GHB, MDMA, and Ketamine have increased dramatically (Figure 11). However, from 1999 to 2000, significant increases occurred only for MDMA (58%, from 2,850 to 4,511) (Table I). Other apparent changes were within the margin of error for these estimates. That is, although the changes may appear to be large, this amount of variability could be due to chance rather than a real trend. However, both MDMA and GHB posted significant increases over the 2-year period 1998 to 2000 (295% and 288%, respectively).

The common wisdom is that club drugs tend to be used by young people. DAWN data support this view (Figure 12). Whereas 31 percent of DAWN ED cases overall involve patients age 25 and under, at least 80 percent of LSD, Rohypnol, and MDMA mentions, over 70 percent of Ketamine mentions, and 60 percent of GHB mentions are attributed to ED patients age 25 and under.

Not surprisingly, the most common drug use motive reported for ED visits involving club drugs in 2000 was *recreational use*, and the two most common reasons for the visits were *unexpected reaction* and *overdose*. More than half of the mentions of GHB, Ketamine, MDMA, and Rohypnol were associated with recreational drug use and more than half were associated with visits for unexpected reactions or overdoses (Table II).

It is important to remember, however, that only one motive and one reason are reported for each ED visit, regardless of the number of drugs recorded for that visit. Therefore, when ED visits involve more than one drug, a causal link between a particular drug and the drug use motive or reason for visit cannot be established with any degree of certainty. This is an important caveat because ED visits involving club drugs usually involve multiple drugs. In 2000, nearly 8 in 10 ED visits involving GHB, Ketamine, MDMA, and LSD had more than one drug mentioned, and more than 6 in 10 visits involving Rohypnol had multiple drugs mentioned. By way of contrast, fewer than 5 in 10 visits involving methamphetamine involve multiple drugs.

Previously—in this report and elsewhere (OAS, 1999)—we have discussed the geographic concentration of ED mentions of methamphetamine/speed in metropolitan areas in the west (Table 42). Other club drugs appear to be somewhat more geographically diffuse (Table III). In 2000, the highest rates of ED mentions of GHB per 100,000 population appear in San Francisco (9), Dallas (7), and New Orleans (6). Rates of MDMA mentions appear highest in San Francisco (7), Seattle (7), and Miami (5). The highest rates of LSD mentions appear in Phoenix (7) and Seattle (5). Rates of Ketamine and Rohypnol mentions are extremely low, with none of the DAWN metropolitan areas topping 1 mention per 100,000 population. Any conclusions should be tempered with the understanding that these estimates are based on very little data.

NARCOTIC ANALGESICS

ED mentions of narcotic analgesics other than heroin/morphine are relatively infrequent, but some have been increasing (Figure 13). The most common narcotic analgesics listed in this report include hydrocodone (3% of episodes in 2000), oxycodone (2%), d-Propoxyphene (1%), and acetaminophen with codeine (1%) (Table 2).

From 1999 to 2000, ED mentions of drugs containing oxycodone increased 68 percent (from 6,429 to 10,825), and mentions of drugs containing hydrocodone increased 31 percent (from 14,639 to 19,221) (Table 2). Mentions of oxycodone and hydrocodone increased 108 and 53 percent, respectively, in the 2-year period from 1998 to 2000, while total ED drug episodes increased 11 percent during the same period.

It is important to understand that DAWN estimates for these narcotic analgesics should not be attributed to drugs marketed under particular trade or brand names. For example, although there have been many recent media reports of abuse of OxyContin (a particular brand of oxycodone), the DAWN estimates for oxycodone should not be attributed to OxyContin, Percocet, Percodan, or any other particular brand of analgesic containing oxycodone.

The reason for this rests with the source of the data. DAWN data are extracted from medical records produced in the course of health care delivery; no patient is ever interviewed. DAWN case reports contain information about particular substances as it was documented in the ED medical record. Any prescription or over-the-counter drug may be reported to DAWN by its brand (trade) name or by its generic name, depending on what was documented in the source record. There is no way to discern whether the brand names in the medical record are always accurate or how frequently brands might have been recorded in generic terms. A simple example may serve to clarify this fact. A medical record may contain information provided by the patient, and a patient presenting to an ED may state that he or she took "Tylenol" when, in fact, some other brand of acetaminophen was actually ingested. Similarly, a medical record may simply indicate "acetaminophen" when the brand ingested was "Tylenol." DAWN accepts both brand and generic terms in case reports, but we do not publish estimates for particular brands because we consider them unreliable.

METROPOLITAN AREAS IN DAWN

Findings from DAWN show significant variability in total drug-related ED episodes between 1999 and 2000 across the 21 metropolitan areas. Although total episodes for the Nation (the coterminous U.S.) were stable, significant increases were found in Seattle (32%), Boston (28%), Los Angeles (22%), Miami (20%), Chicago (16%), Minneapolis (12%), and Phoenix (9%). Drug-related ED episodes decreased in Baltimore (19%) and San Francisco (12%). Again, some of these findings differ from those reported as preliminary findings in the mid-year 2000 DAWN ED report.

With the exception of alcohol-in-combination, cocaine remains the single drug with the most ED mentions. While cocaine mentions for the Nation remained stable from 1999 to 2000, cocaine mentions increased in Los Angeles (35%), Seattle (32%), Atlanta (19%), Boston (15%), Chicago (11%), and Miami (9%). Cocaine mentions decreased in Baltimore (29%), Newark (13%), Washington, DC (10%), and New Orleans (7%). Heroin/morphine mentions, which increased 15% for the Nation, also increased in Miami (58%), New Orleans (50%), Boston (35%), Buffalo (31%), Chicago (29%), Detroit (26%), Atlanta (17%), and Minneapolis (14%), and decreased in Baltimore (23%) and San Francisco (10%).

In addition, we can survey findings for individual metropolitan areas across multiple drugs for the period covered by this report. Considering the 4 major illicit drugs of abuse—cocaine, heroin/morphine, marijuana/hashish, and methamphetamine/speed—no metropolitan area had significant increases involving all 4 drugs between 1999 and 2000. Five metropolitan areas had increases in 3 of the major illicit drugs: cocaine, heroin/morphine, and marijuana/hashish in Boston, Chicago, and Miami; cocaine, heroin/morphine, and methamphetamine/speed in Atlanta; and cocaine, marijuana/hashish, and methamphetamine/speed in Seattle. Two metropolitan areas experienced increases in 2 of the 4 major illicit drugs: cocaine and methamphetamine/speed in Los Angeles and heroin/morphine and marijuana/hashish in Minneapolis. Findings were mixed in 2 metropolitan areas: a decrease in cocaine mentions and increase in heroin/morphine was noted in New Orleans, and a decrease in heroin/morphine and an increase in marijuana/hashish in San Francisco.

Only Baltimore had decreases in 2 drugs. Cocaine mentions decreased 29 percent and heroin/morphine mentions decreased 23 percent in Baltimore from 1999 to 2000. During the same period, ED visits for any reason rose 0.8 percent in Baltimore, but total drug-related ED visits decreased 19 percent.

With the 21 metropolitan areas in DAWN ranging in population from 1 million to 8 million, another perspective can emerge when the rates of drug-related ED visits relative to the size of the population are considered. Throughout much of the 1990s, Baltimore led the 21 metropolitan areas oversampled in DAWN with the highest rates of ED mentions of cocaine and heroin/morphine per 100,000 population (Tables 36 and 38). In 2000, Baltimore ranked second in the rate of heroin/morphine mentions and fifth in the rate of cocaine mentions.

Many factors can influence the DAWN estimates of ED visits and visits associated with particular substances. General trends in ED usage, changes in the types of cases presenting to EDs for treatment, the availability of alternative sites of care, changes in the services available in a particular hospital, hospital closures or mergers, even changes in computer systems are all factors that might result in unexplained changes in DAWN estimates. In the Baltimore metropolitan area, the reason(s) for the unexpected changes are unknown at this time. In fact, we cannot be certain that the changes were unexpected. Figures 14 and 15 show long-term trends for Baltimore in total drug episodes, cocaine mentions, heroin/morphine mentions, marijuana/hashish mentions, and total ED visits, expressed in numbers and in rates adjusted for population. These figures suggest that the significant declines observed from 1999 to 2000 in drug episodes, cocaine, and heroin/morphine may be consistent with a downward trend that began in the mid 1990s. Given all these factors, we will continue to monitor the estimates from Baltimore.

CONCLUSION

It is important to remember that DAWN data show only one dimension of the total consequences of drug use, specifically the impact of drug use that manifests in visits to hospital EDs. DAWN does not measure the prevalence of drug use in the population, the untreated health consequences of drug use, or the impact of drug use on health care settings other than hospital EDs. For example, the National Household Survey on Drug Abuse (NHSDA), also published by OAS, measures prevalence of drug use based on a national survey of households; DAWN does not.

As discussed above, many factors can influence the DAWN estimates of ED visits and visits associated with particular substances. Changes in the number of drug-related emergencies may also be due to changes in the use of drug combinations; patterns of drug use, such as route of administration; amount of drug used per administration; drug purity; or drug price. For example, a decrease in the purity of cocaine or heroin/morphine could result in fewer users experiencing unexpected reactions and overdoses.

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

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

Appendix B includes a detailed account of known procedural anomalies. Analysis of procedural factors that might contribute to spurious results suggests that procedural factors are unlikely to account for the differences reported here.

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Table I - Estimated number of club drug episodes for the coterminous U.S. by year: 1994 - 2000**US TOTALS**

	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	<i>p</i> -value 1999, 2000 ¹	<i>p</i> -value 1998 2000 ¹	<i>p</i> -value 1994 2000 ¹
Emergency Department (ED)										
GHB.....	56	145	638	762	1,282	3,178	4,969	0.138	0.023 +	0.012 +
Ketamine.....	19	151	81	318	209	396	263	0.291	0.447	0.000 +
MDMA (Ecstasy).....	253	421	319	637	1,143	2,850	4,511	0.000 +	0.000 +	0.000 +
Rohypnol.....	13	111	217	293	624	540	469	0.736	0.642	0.108

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

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Figure 11
Number of club drug mentions: 1994 through 2000

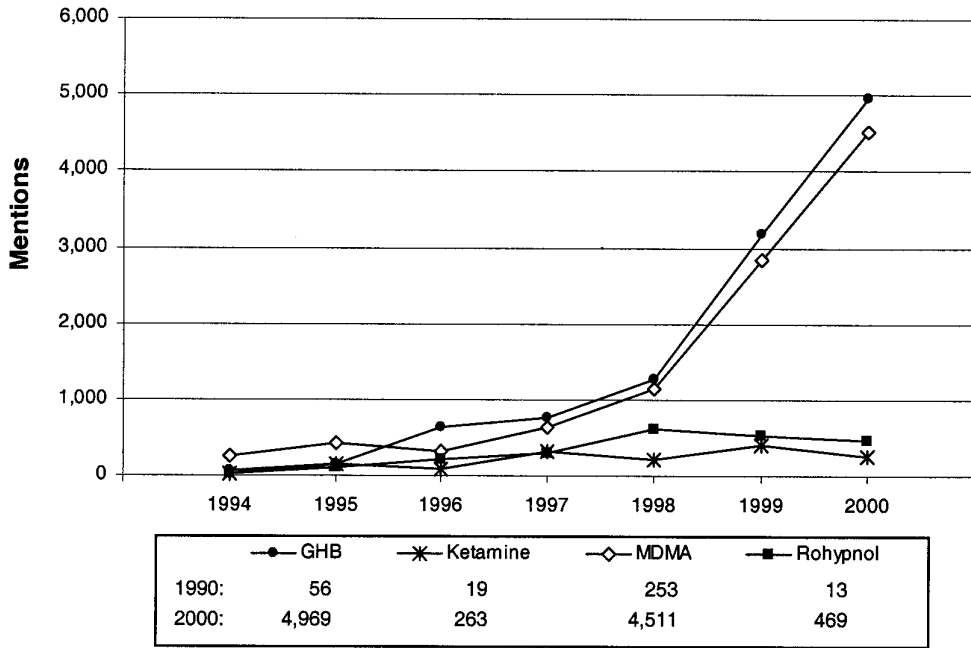


Figure 12
Number of club drug mentions by age: 2000

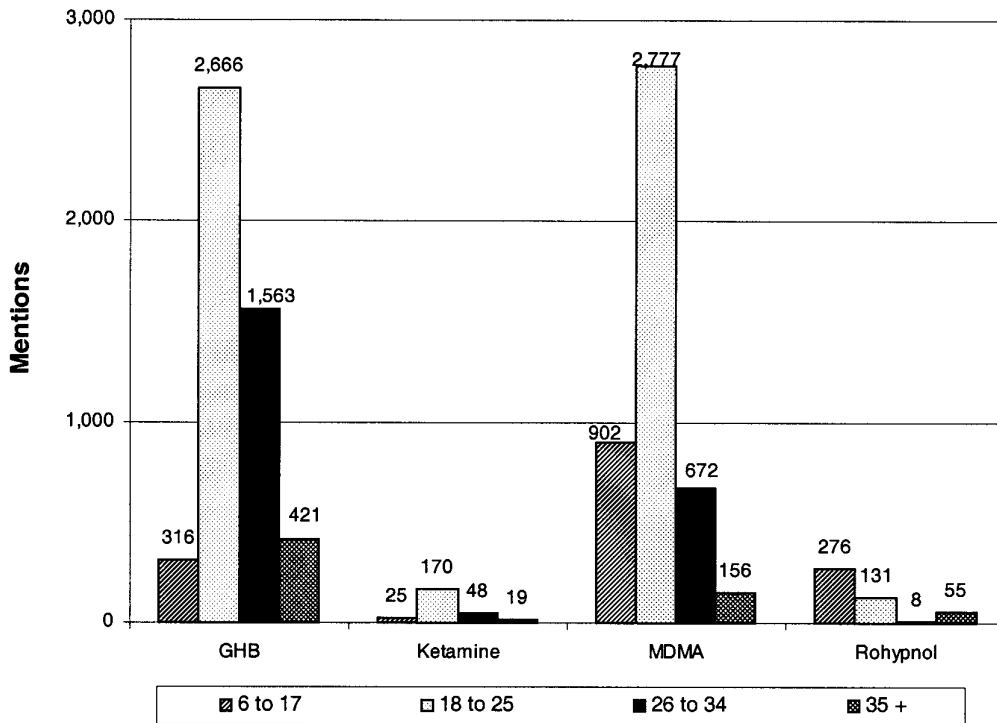


Table II - Estimated number of club drug episodes by motive for taking substance and reason for emergency department contact: 2000

US TOTALS				
	GHB	Ketamine	MDMA	Rohypnol
Motive				
Dependence.....	408	45	971	9
Suicide.....	578	24	341	6
Other.....	12	1	59	0
Recreational use.....	3,172	141	2,295	325
Other psychic effects.....	107	4	183	121
Unknown.....	691	48	662	8
Reason for contact				
Unexpected reaction.....	1,741	66	1,289	274
Overdose.....	2,482	93	1,742	180
Withdrawal.....	26	2	21	0
Chronic effects.....	49	14	171	4
Other.....	107	64	386	2
Seeking detox.....	90	15	560	5
Accident/injury.....	76	2	55	1
Unknown.....	396	6	286	2

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table III - Estimated rate of club drug mentions per 100,000 population, by metropolitan area: 2000

CLUB DRUGS

	GHB	Ketamine	MDMA	Rohypnol
TOTAL U.S.	2.0	0.1	1.8	0.2
Atlanta.....	4.6	0.3	2.4	0.0
Baltimore.....	0.1	0.2	2.7	0.0
Boston.....	0.7	0.6	3.3	0.0
Buffalo.....	0.6	0.0	1.8	0.0
Chicago.....	2.3	0.3	3.6	0.0
Dallas.....	6.7	0.4	2.8	0.2
Denver.....	2.7	0.8	3.5	0.0
Detroit.....	0.5	0.0	1.4	0.0
Los Angeles - Long Beach.....	1.7	0.2	2.0	0.0
Miami - Hialeah.....	2.3	0.1	5.4	0.5
Minneapolis - St. Paul.....	3.8	0.0	2.7	0.1
New Orleans.....	5.6	0.3	3.6	0.0
New York.....	0.4	0.2	2.3	0.0
Newark.....	0.3	0.5	1.1	0.0
Philadelphia.....	1.6	0.5	2.9	0.0
Phoenix.....	0.8	0.7	3.6	0.1
St. Louis.....	0.3	0.0	2.1	0.0
San Diego.....	2.6	0.5	1.9	0.3
San Francisco.....	9.3	0.9	6.6	0.0
Seattle.....	2.9	0.2	6.5	0.0
Washington, DC.....	0.6	0.2	2.0	0.0

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2001 (03/2001 update).

Figure 13
Number of narcotic analgesic mentions: 1990 through 2000

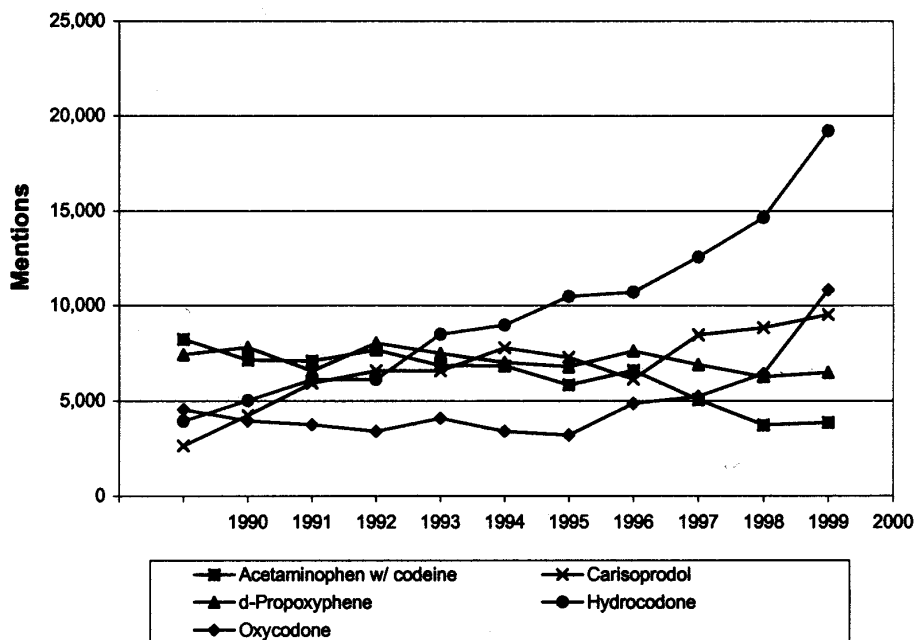


Figure 14
Number of emergency department drug episodes, mentions of major illicit drugs, and visits for Baltimore: 1990 through 2000

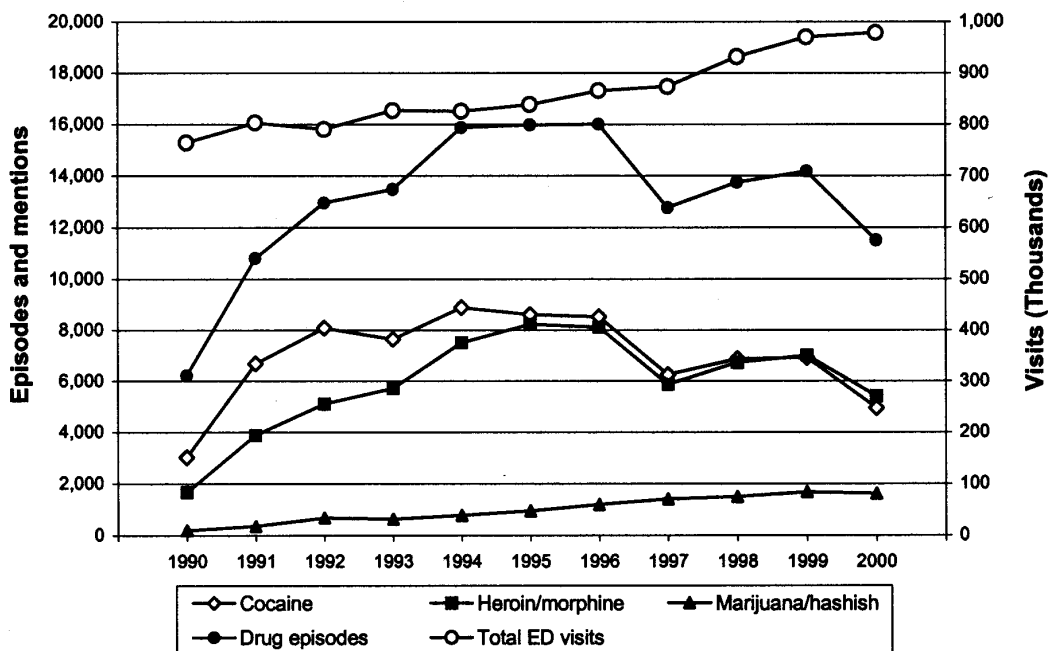
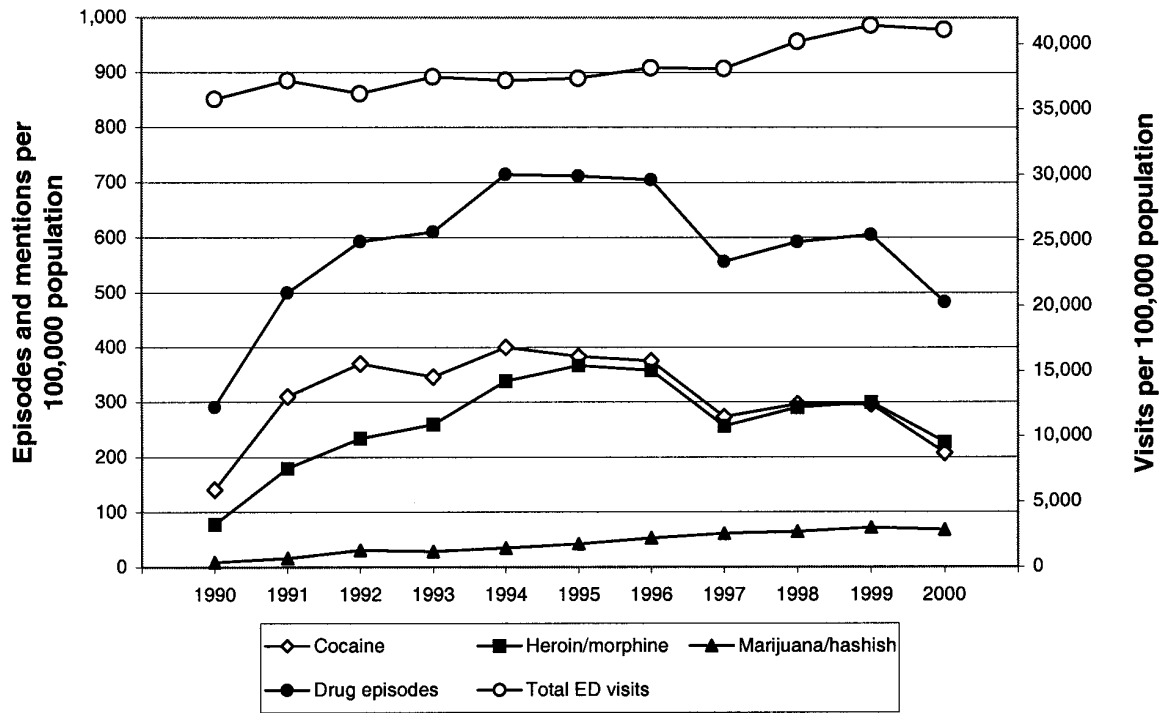


Figure 15
Rate of emergency department drug episodes, mentions of major illicit drugs, and visits per 100,000 population for Baltimore: 1990 through 2000



APPENDIX A: DETAILED DESCRIPTION OF DAWN

I. SAMPLE DESIGN

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

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

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

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

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

The 21 metropolitan area boundaries correspond to the Office of Management and Budget (OMB) 1983 definitions of Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) with a few exceptions. In the case of the Boston metropolitan area,

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

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

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

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

Some facilities already participating in DAWN were not selected for the new sample. These facilities were retained in the system for sufficient time to obtain overlapping data for calibrating the estimates and developing estimation procedures for prior years. The period of overlap differed by metropolitan area but generally included the last quarter of 1988 and the first half of 1989. Most terminations of nonselected facilities were made in the second half of 1989 or in 1992.

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

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

II. WEIGHTS AND PRECISION OF THE ESTIMATES

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

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

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

The estimation procedure was modified in 1989 to include the adjustments for 2 types of nonresponse and the ratio or benchmark adjustment based on ancillary data from AHA.

Each estimate from the DAWN ED sample data is subject to sampling variability. This 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 SE and RSE, which is the standard error divided by 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.

III. PRELIMINARY VERSUS FINAL ESTIMATES

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

estimates of ED drug-related mentions. The following factors clarify differences between preliminary and final estimates:

- Final estimates include data from a small number of late-reporting hospitals. Data are continuously updated for a fixed time period. As such, final estimates usually have higher response rates.
- Additional hospitals are added to the sample and incorporated into the final estimates for a given year (not the preliminary estimates for that same year). Most of these hospitals are "newly eligible" because they became DAWN eligible sometime after the original sample was selected. The final DAWN estimates are produced after we receive the most current AHA Annual Survey of Hospitals file. This file is used initially to establish a sampling frame for DAWN. The most current AHA file is used once a year to maintain representativeness of the sample. Between the releases of the preliminary and final estimates, the use of the newer AHA survey can result in hospitals being added to the sample and incorporated into the final estimates.
- Data from the most current AHA file also are used to produce the final weights.

IV. REVIEW OF ESTIMATION SYSTEM

In 1997 and 1998, a thorough review of the DAWN estimation system was undertaken by Westat. As a result of this review, the computer programs that compute the weighted estimates were rewritten to make them more accurate and efficient. While the methodology for computing weights did not change, errors were discovered in the prior programs that affected the estimates for 1995 and 1997. Final estimates for these 2 years were presented in the 1998 Mid-Year Preliminary Report for the first time. The 1995 estimate of total drug-related episodes decreased by less than 1 percent (from 517,800 to 513,600) while the 1997 estimate increased by 5.5 percent (from 487,600 to 514,300). These changes had varying effects on the metropolitan area estimates.

The following changes had the greatest effect on the estimates:

- A change was made in the method for assigning eligibility status to a hospital. The current system tracks partial year eligibility, which improves the sensitivity of the DAWN nonresponse adjustment. Formerly, there was no recognition that a hospital could change its eligibility status during the year.
- A concerted effort was made to ascertain the current eligibility status of all nonparticipating DAWN sampled hospitals. Changes in status from eligible nonrespondent to ineligible (or vice versa) also affected the nonresponse adjustment.

APPENDIX B: LIMITATIONS OF THE DAWN DATA

I. SOURCES OF ERROR

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

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

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

II. CHANGES IN SAMPLE COMPOSITION AND REPORTING OF EPISODES

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

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

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

We analyzed some specific situations highlighted in recent DAWN reports to determine if those situations had the anticipated effect on DAWN estimates. These analyses have shown that generally, the types of situations published previously as limitations did not have the anticipated effects. Changes in small hospitals do not have a large impact on the estimates,

and the DAWN estimation system already corrects for many nonsampling errors. Extensive quality control measures have been implemented to investigate and address irregularities in the data prior to publication.

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

APPENDIX C: EXPLANATION OF TABLES

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

Odd-numbered tables report semiannual data from the first half of 1995 through the second half of 2000. Even-numbered tables report annual data from 1993 through 2000. This is the first publication that presents final annual estimates for 2000.

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

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

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

- Civilian Noninstitutional Population of the United States by Age, Sex, and Race (CNP Tables), which provides monthly population estimates by age, gender, race, and Hispanic origin for the total United States;
- 1990 Census Counts by Age, Sex, and Race (ASR File), which provides population estimates by state and county, broken out by combinations of age, gender, race, and Hispanic origin; and
- County-Level Population Estimates (CPOP File), which provides estimates of annual total population by county as of July 1 of each year.

Population data are obtained by:

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

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

APPENDIX D: GLOSSARY OF TERMS

Cause of death: See *Drug abuse death*.

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

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

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

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

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

Drug abuse death: A drug-induced death is any death involving a drug "overdose" in which a toxic drug level is found or suspected. A drug-related death is any death where the drug usage is a contributory factor but not the sole cause, (i.e., accidents, disease state, withdrawal symptoms, etc.); in these cases, causation of death by the drug is not implied.

- *"Drug-induced" deaths:*
 - Direct single-drug cause (overdose); and
 - Direct multiple-drug cause (cause not attributable specifically to any one drug but to drug overdose).
- *"Drug-related" deaths:*
 - Combination with physiological condition;

- Combination with external physical event; or
- Combination with medical disorder, probably drug caused. (See definitions for each term.)
- Exclusions: DAWN medical examiner (ME) cases in which AIDS (acquired immunodeficiency syndrome) was reported and cases in which "drug unknown" was the only substance reported are excluded from the tables of ME data in Annual ME Data reports. As in previous years, the ME data in Annual ME Data reports exclude homicide cases reported to DAWN.

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

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

Drug category: A generic grouping of substances reported to DAWN. The DAWN drug groupings are periodically reviewed in order to reflect the most recent changes in pharmaceutical classifications and drug legislation. Occasional changes in drug classification should be taken into consideration when comparing drug data from this report with other DAWN reports. These classifications may involve street names and brand names, which are sometimes used to identify a substance and its generic drug group. Such names are carried in DAWN due to the inability of some drug users to reliably identify a substance other than by its street name. Therefore, references to substances such as "speed" appear in the tables. Additional clarification is provided for the following drug categories:

- *Alcohol-in-combination* - DAWN does not gather data on alcohol used alone, only alcohol used concomitantly with another abused substance. Therefore, all alcohol mentions are combination mentions.
- *Heroin/morphine* - Although heroin may be the ingested drug, it is metabolized to morphine. Therefore, heroin and morphine are treated as a single drug. In addition, in DAWN reports the heroin/morphine category includes mentions of opiates not specified as to type.
- *Marijuana/hashish* - As both marijuana and hashish are derived from the cannabis plant and have tetrahydrocannabinol (THC) as their psychoactive ingredient, they are treated as a single drug in this report.
- *Diazepam* - Mentions of desmethyldiazepam, a metabolic product of diazepam, are combined with those of diazepam in this report.
- *Methamphetamine/speed* - Data for methamphetamine and speed were shown separately in prior reports. To facilitate analyses, data on these 2 DAWN categories are now shown together under the aggregate category of "methamphetamine/speed."

- *Fluoxetine and imipramine* - In DAWN reports for 1988, mentions of Prozac, an antidepressant first marketed in December 1987, were misassigned to the imipramine category. Prozac has since been removed from the imipramine group, combined with generic fluoxetine, and tabulated under the category of "fluoxetine" for DAWN ED and ME reports.
- *Drug unknown* - ED mentions of "drug unknown" may be recorded either when the user did not know what had been taken or perhaps did not wish to reveal the use of an illicit substance, or when data were not available in the hospital records. ME cases in which "drug unknown" is the only substance reported are excluded from the tabulations in this report. ME mentions of "drug unknown" may result from cases in which the ME knows that a decedent was a drug abuser (e.g., using drugs intravenously) but has not tested for specific drugs. ME cases in which "drug unknown" is the only substance reported are excluded from the tabulations in this report.

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

Drug mention: This refers to a substance that was mentioned in a drug abuse episode. In addition to alcohol-in-combination, the number of substances that can be reported is up to 4 for each drug abuse ED episode and up to 6 for each ME death. Therefore, the total number of mentions exceeds the number of total episodes. For ME cases, it should be noted that a drug mention may or may not be the confirmed "cause" of the death in multiple-drug abuse cases. Even when only one substance is reported for a case, an allowance should still be made for reportable drugs not mentioned or for other contributory factors.

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

- *Psychic effects* - A conscious action to use drugs to improve or enhance any physical, emotional, or social situation or condition. Two categories of psychic effect are:
 - Use of drugs for experimentation or to enhance a social situation (e.g., curious, peer pressure, to get high, fun, "for kicks," to party); and
 - Use of drugs to improve or enhance any mental, emotional, or physical state (e.g., depression, anxiety, relieve headache, reduce pain, stay awake, relax, help study, get to sleep).
- *Dependence* - A psychic and/or physical state characterized by behavior that always includes a compulsion to take the drug on a continuous or periodic basis in order to experience its effects or to avoid the discomfort of its absence (e.g., had to take, had to have, needed a fix).
- *Suicide attempt or gesture* - Successful or unsuccessful suicide attempt or gesture verified by a witness, a note left by patient, physician's medical record note, or other evidence.
- *Other reason* - Self-medication for physical ailment, to prevent pregnancy or induce abortion, accident, used unknowingly, etc.

External physical event: A category of drug abuse deaths caused by a physical event that occurred while the decedent was under the influence of drugs. Examples may include car accidents, falls, burns, or gunshot wounds.

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

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

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

Jurisdiction: The reporting area covered by a single ME's or coroner's office which is almost always a single county.

Manner of death: Drug abuse deaths reported to DAWN (ME episodes) are coded as either "accidental/unexpected," "suicide," or "homicide." Data on drug-related homicide deaths are not included in Annual ME Data reports. The manner-of-death codes are defined as follows:

- *Accidental/unexpected* - An unintentional death resulting from a drug abuse episode. The cause of death may be drug induced or drug related. The essential feature of this manner of death is that the user/abuser did not intend to die.
- *Suicide* - The deliberate taking of one's own life. The deceased may have used drugs to bring about his or her own immediate destruction, or the death may be drug related, involving external physical events (e.g., jumping, hanging, shooting, cutting the wrist) with the intention of ending one's life.
- *Natural* - A death not due to external causes but due to a medical disorder or a physiological disease process. In DAWN this category includes cases in which the decedent's drug abuse caused the medical disorder or physiological condition, such as AIDS. This also includes cases where a condition was worsened by the decedent's drug use (e.g., a heart condition or diabetes). Note that AIDS cases are excluded from the tables in Annual ME Data reports. Deaths from natural causes are not shown separately in ME reports but are included in the "unknown/unexpected" manner of death category.

Medical disorder: A category of drug abuse deaths caused by using a drug in combination with a medical disorder or disease that probably resulted from drug abuse. Examples include hepatitis, bacterial endocarditis, and tetanus.

Medical examiner (ME): All MEs and coroners in the DAWN ME metropolitan areas or counties are eligible for participation in DAWN.

Metropolitan area: An area composed of a relatively large core city or cities and the adjacent geographic areas. Conceptually, these areas are integrated economic and social units with a large population nucleus. Facilities recruited for the DAWN ED sample were selected from

the Metropolitan Statistical Areas (MSAs) and Primary Metropolitan Statistical Areas (PMSAs) as defined in 1983 by the Office of Management and Budget.

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

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

Physiological condition: A category of drug abuse deaths caused by the abuse of a drug in combination with some preexisting and potentially deadly condition not related to drug abuse, such as diabetes or chronic heart conditions.

Population: See **Universe**.

Precision: The extent to which an estimate agrees with its mean value in repeated sampling. The precision of an estimate is measured inversely by its standard error (SE) or relative standard error (RSE). In ED reports, estimates with an RSE of 50 percent or higher are regarded as too imprecise and are not printed. ED table cells where such estimates would have appeared contain the symbol ". . ." (3 dots). See also **Relative standard error**.

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

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

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

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

- *Unexpected reaction* - The drug's effect was different than anticipated, thus, causing concern (e.g., bad trip, panic, hallucinations, etc.).
- *Overdose* - Either intentional or accidental (e.g., effects of suicide attempt, coma, etc.).
- *Withdrawal* - Symptoms which occur when a patient stops taking a substance upon which she/he is physiologically dependent and suffers physical symptoms, including abdominal pain, cold sweat, hyperactivity, and tremors that require treatment.
- *Chronic effects* - Secondary conditions resulting from habitual usage or dependence, including malnutrition, tetanus, blood poisoning, etc.
- *Seeking detoxification* - Patients with identified problems with chronic substance abuse who seek admission to a detoxification program and receive treatment from emergency department staff. This category was added to the data collection form in 1987.
- *Accident/injury* - Injuries resulting from accidents that were caused by or related to drug abuse. This category was added to the data collection form in 1987.
- *Other* - Reasons which cannot be classified into one of the aforementioned categories.

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

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

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

- *Oral* - Substance is ingested through the mouth.
- *Injection* - Substance enters the body through a vein (intravenously), into the muscle (intramuscularly), or under the skin (subcutaneously).
- *Inhaled* - Gases or fumes of a substance are taken into the body by inhaling through the nose or mouth into the lungs (e.g., inhaling the fumes of glue, aerosols, paints, gasoline, etc.).

- *Smoked (includes freebase)* - Substance (e.g., marijuana/hashish, "crack" cocaine) is consumed by smoking a cigarette, pipe, or similar device.
- *Sniffed/snorted* - Substance (e.g., cocaine, heroin/morphine), which is acquired in a powder or crystalline form, is forcefully inhaled through the nose.
- *Other* - Used when the route of administration of the substance cannot logically be included as any of the above.

Sampling: Sampling is the process of selecting a proper subset of elements from the full population so that the subset can be used to make inference to the population as a whole. A probability sample is one in which each element has a known and positive chance (probability) of selection. A simple random sample is one in which each member has the same chance of selection. In DAWN, a sample of hospitals is selected in order to make inference to all hospitals; DAWN uses simple random sampling within strata.

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

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

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

Single-drug episode, case, or death: A drug abuse episode, case, or death that involves only one drug.

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

- *Legal prescription* - This is coded only when the abuser was legally prescribed the drug of abuse. If one patient obtains a drug by legal prescription and sells it to another who abuses it, the source to the abuser is marked "street buy." If the patient for whom the prescription was issued gives the drug to another patient who abuses it, the source to the abuse is "other unauthorized procurement."
- *Street buy* - The drug abuser purchased a drug and/or prescription from a source other than legitimate channels.
- *Other unauthorized procurement* - The drug was acquired in a manner not consistent with accepted medical care but was not bought on the street. This category includes drugs purchased using forged prescriptions, stolen, or received as a gift.
- *Other* - Used when the source of the substance cannot logically be included as any of the above. This category includes all over-the-counter medications.
- *Unknown* - Reported when information on source was unavailable.

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

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

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

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

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

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

Therapeutic class: A general grouping of generic drugs such as tranquilizers, narcotic analgesics, barbiturate sedatives, etc. These groupings are based primarily on a pre-existing classification used in the National Drug and Therapeutic Index (IMS America, Ltd.). The

DAWN system has accumulated a vocabulary of more than 7,300 substance names that have been mentioned in incidents of abuse. This vocabulary is updated monthly by the inclusion of new abuse substances and, through receipt of identifying information, the reclassification of drugs. Occasionally, this reclassification may shift a drug to a different therapeutic class and/or drug grouping.

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

Detailed Tables

Table 1 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by half year: First half 1995 - second half 2000

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
DRUG EPISODES	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	278,304	276,628	302,758	299,018	0.635	0.019 +
DRUG MENTIONS	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	509,909	505,297	554,009	546,530	0.616	0.034 +
Alcohol-in-combination.....	86,587	80,338	80,400	85,785	85,230	86,751	91,067	93,936	102,138	94,139	100,353	104,172	0.285	0.009 +
Cocaine.....	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	79,582	89,182	84,702	90,194	0.134	0.803
Heroin/morphine.....	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,565	45,843	48,856	48,431	0.832	0.340
Acetaminophen.....	18,850	17,713	20,214	18,051	18,428	17,020	17,384	14,873	14,531	13,728	17,994	15,620	0.026 -	0.063
Aspirin.....	8,601	8,128	8,569	7,285	7,555	7,068	7,487	7,969	6,826	5,989	8,319	7,338	0.224	0.095
Ibuprofen.....	10,590	10,660	8,593	8,386	8,474	8,595	8,769	8,376	7,503	6,897	9,359	8,564	0.358	0.049 +
Alprazolam.....	9,059	8,023	8,795	7,860	8,686	8,782	9,049	8,783	10,023	10,461	10,731	11,375	0.533	0.465
Marijuana/hashish.....	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	43,109	44,041	49,041	47,405	0.677	0.493
Diazepam.....	7,404	6,843	6,520	7,081	6,830	6,537	5,846	6,912	5,155	6,251	6,603	5,487	0.176	0.361
Amitriptyline.....	4,848	4,050	5,286	3,587	4,385	4,059	3,671	3,038	2,476	3,240	3,537	2,909	0.265	0.572
Acetamin./codeine.....	3,427	3,402	2,885	2,948	3,570	3,019	2,341	2,703	1,864	1,857	2,104	1,741	0.411	0.714
OTC sleep aids.....	3,340	3,454	4,269	3,358	3,417	2,667	3,062	2,688	2,552	2,433	3,840	2,768	0.078	0.456
Lorazepam.....	6,072	5,184	5,411	4,623	5,505	5,313	5,636	4,836	5,965	4,726	5,999	4,672	0.072	0.942
d-Proxophene.....	3,654	3,361	3,527	3,252	3,411	4,203	3,934	2,951	3,727	2,525	3,420	3,057	0.564	0.358
Fluoxetine.....	4,719	4,781	5,155	4,441	5,385	5,111	5,364	4,448	5,499	3,880	3,993	3,945	0.929	0.908
Diphenhydramine.....	4,919	3,766	4,459	4,947	4,765	4,039	3,365	2,745	2,611	2,857	2,880	3,390	0.377	0.384
Methamphetamine/speed....	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,730	5,717	7,328	6,185	0.232	0.559
Oxycodone.....	1,829	1,564	1,495	1,696	2,165	2,692	2,293	2,918	3,060	3,369	5,437	5,388	0.912	0.069
PCP/PCP combinations.....	3,233	3,004	1,976	1,948	2,210	1,985	2,143	1,990	2,120	2,849	3,306	3,277	0.952	0.333
Lithium carbonate.....	3,834	2,873	2,667	2,011	2,781	2,083	1,840	1,642	2,422	1,444	1,640	2,081	0.327	0.118
Clonazepam.....	6,381	6,421	6,834	6,541	7,364	7,233	8,863	8,587	8,831	7,754	9,484	8,521	0.264	0.408
Hydantoin.....	1,997	1,579	1,544	1,391	1,420	1,014	1,408	1,568	1,600	1,287	1,126	1,124	0.994	0.569
Hydrocodone.....	4,532	4,445	5,741	4,732	5,170	5,535	5,830	6,739	6,341	8,298	9,696	9,526	0.897	0.241
LSD.....	2,651	3,029	2,474	2,095	3,677	1,542	1,767	3,215	2,427	2,699	2,157	1,859	0.538	0.117
Triazolam.....	407	369	458	267	179	142	350	188	282	278	123	239	0.346	0.786
Phenobarbital.....	1,346	1,542	1,266	1,069	1,000	830	1,220	1,325	855	639	1,012	786	0.420	0.511
Doxepin.....	1,541	1,185	1,102	1,299	1,422	669	914	623	833	719	569	554	0.931	0.458
Cyclobenzaprine.....	1,320	1,603	1,608	1,991	1,551	2,075	1,538	1,429	1,549	1,212	1,909	2,067	0.730	0.033 +
Haloperidol.....	1,536	1,183	1,256	2,055	1,146	1,160	952	1,179	676	507	374	793	0.026 +	0.199
Amphetamine.....	5,633	3,747	3,508	5,801	4,461	5,774	5,321	6,430	5,668	6,286	8,061	8,128	0.951	0.029 +
Trazodone.....	4,814	4,641	4,789	4,421	4,188	4,545	5,158	4,517	5,424	4,429	5,465	4,333	0.048 -	0.900
Carisoprodol.....	4,392	3,379	3,770	3,509	2,960	3,174	4,412	4,042	4,323	4,506	4,916	4,604	0.640	0.901
Naproxen.....	2,361	2,892	2,309	2,237	2,710	2,620	2,842	2,706	2,580	2,031	2,512	2,568	0.895	0.212
Imipramine.....	1,572	910	735	1,102	826	557	506	211	492	259	286	278	0.959	0.901
Carbamazepine.....	1,932	1,700	1,878	1,861	1,625	1,845	1,343	1,877	1,944	1,107	1,134	1,138	0.990	0.916
Thioridazine.....	1,562	1,005	1,242	1,001	822	905	733	494	303	176	449	333	0.557	0.325
TOTAL ED VISITS**	44,027	44,521	45,314	45,876	44,342	45,378	44,309	45,374	45,389	45,710	47,747	48,416	0.000 +	0.000 +

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 2 - Estimated number of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits for total coterminous U.S. by year: 1993-2000

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
DRUG EPISODES	460,910	518,521	513,633	514,347	527,058	542,544	554,932	601,776	0.069	0.027 +
DRUG MENTIONS	796,762	900,317	901,206	907,561	943,937	982,856	1,015,206	1,100,539	0.083	0.016 +
Alcohol-in-combination.....	143,574	160,744	166,925	166,185	171,982	185,002	196,277	204,524	0.621	0.123
Cocaine.....	123,423	142,878	135,801	152,433	161,087	172,014	168,763	174,896	0.347	0.834
Heroin/morphine.....	63,232	64,013	70,838	73,846	72,010	77,645	84,409	97,287	0.008 +	0.021 +
Acetaminophen.....	34,033	38,674	36,563	38,265	35,448	32,257	28,258	33,613	0.003 +	0.503
Aspirin.....	18,958	19,358	16,729	15,854	14,623	15,457	12,815	15,657	0.018 +	0.863
Ibuprofen.....	17,534	19,031	21,250	16,979	17,070	17,146	14,400	17,923	0.006 +	0.555
Alprazolam.....	16,832	17,183	17,082	16,655	17,468	17,833	20,484	22,105	0.315	0.022 +
Marijuana/hashish.....	28,873	40,183	45,271	53,789	64,744	76,870	87,150	96,446	0.363	0.168
Diazepam.....	12,409	13,568	14,248	13,601	13,367	12,758	11,406	12,090	0.438	0.602
Amitriptyline.....	9,863	11,297	8,898	8,874	8,445	6,710	5,716	6,446	0.335	0.763
Acetamin./codeine.....	7,655	6,849	6,829	5,832	6,589	5,045	3,721	3,846	0.821	0.031 -
OTC sleep aids.....	5,380	6,890	6,794	7,628	6,084	5,750	4,986	6,609	0.031 +	0.233
Lorazepam.....	10,191	12,248	11,256	10,035	10,818	10,472	10,692	10,671	0.988	0.851
d-Propoxyphene.....	8,039	7,478	7,015	6,780	7,614	6,885	6,252	6,477	0.752	0.638
Fluoxetine.....	7,537	9,123	9,499	9,596	10,495	9,812	9,379	7,938	0.130	0.050
Diphenhydramine.....	7,442	9,537	8,685	9,406	8,804	6,110	5,468	6,270	0.338	0.867
Methamphetamine/speed.....	9,926	17,665	15,936	11,002	17,154	11,491	10,447	13,513	0.014 +	0.134
Oxycodone.....	3,395	4,084	3,393	3,190	4,857	5,211	6,429	10,825	0.042 +	0.021 +
PCP/PCP combinations.....	6,614	6,019	6,237	3,924	4,195	4,033	4,969	6,583	0.012 +	0.007 +
Lithium carbonate.....	5,327	5,964	6,707	4,678	4,864	3,481	3,867	3,720	0.841	0.693
Clonazepam.....	10,175	12,158	12,802	13,375	14,597	17,450	16,584	18,005	0.305	0.721
Hydantoin.....	3,528	3,276	3,576	2,935	2,434	2,976	2,887	2,250	0.375	0.255
Hydrocodone.....	6,115	8,478	8,977	10,473	10,705	12,568	14,639	19,221	0.011 +	0.002 +
LSD.....	3,422	5,150	5,681	4,569	5,219	4,982	5,126	4,016	0.110	0.172
Triazolam.....	1,264	997	776	726	322	537	560	362	0.316	0.312
Phenobarbital.....	3,021	2,471	2,888	2,335	1,830	2,545	1,493	1,798	0.357	0.106
Doxepin.....	3,351	4,268	2,726	2,402	2,091	1,537	1,552	1,123	0.273	0.286
Cyclobenzaprine.....	2,647	3,130	2,924	3,599	3,626	2,967	2,761	3,975	0.039 +	0.093
Haloperidol.....	3,301	3,072	2,718	3,311	2,306	2,131	1,183	1,167	0.966	0.008 -
Amphetamine.....	5,538	9,664	9,380	9,308	10,235	11,751	11,954	16,189	0.001 +	0.006 +
Trazodone.....	5,682	7,293	9,455	9,210	8,733	9,674	9,853	9,798	0.963	0.898
Carisoprodol.....	6,570	6,571	7,771	7,279	6,133	8,454	8,829	9,520	0.501	0.338
Naproxen.....	3,125	4,302	5,253	4,546	5,330	5,549	4,610	5,080	0.520	0.539
Imipramine.....	3,295	2,764	2,482	1,837	1,383	717	751	564	0.386	0.504
Carbamazepine.....	4,823	3,881	3,633	3,740	3,471	3,219	3,052	2,272	0.276	0.070
Thioridazine.....	3,017	3,190	2,567	2,243	1,727	1,227	478	782	0.201	0.063
TOTAL ED VISITS**	87,651	89,629	88,548	91,189	89,720	89,683	91,100	96,163	0.000 +	0.000 +

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

**Table 3 - Estimated number of emergency department drug episodes, by metropolitan area by half year:
First half 1995 - second half 2000**

DRUG EPISODES

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	278,304	276,628	302,758	299,018	0.635	0.019 +
Atlanta.....	5,689	5,374	4,561	4,839	4,025	3,979	5,544	5,178	4,897	5,298	5,436	5,678	0.316	0.350 +
Baltimore.....	8,307	7,659	7,763	8,231	6,618	6,137	6,440	7,296	7,122	7,050	5,731	5,774	0.669	0.000 -
Boston.....	8,690	7,383	7,109	6,429	6,357	5,872	6,739	6,917	5,784	5,885	7,230	7,672	0.109	0.000 +
Buffalo.....	1,355	1,358	1,830	1,757	1,571	1,241	1,276	1,407	1,223	1,487	1,416	1,484	0.725	0.988
Chicago.....	11,728	10,157	10,974	12,550	12,846	14,045	12,873	13,336	12,482	13,676	14,651	15,680	0.287	0.014 +
Dallas.....	2,652	2,577	2,512	2,466	2,911	3,284	3,632	3,566	3,104	3,141	3,475	3,323	0.270	0.371
Denver.....	2,460	2,149	1,779	1,641	2,101	2,237	2,031	2,060	2,258	2,558	2,505	2,441	0.351	0.270
Detroit.....	10,587	8,043	10,596	10,225	9,363	8,241	8,489	8,994	8,184	7,942	8,584	8,458	0.813	0.633
Los Angeles - Long Beach.....	10,027	9,233	10,100	10,178	8,809	8,378	8,127	8,976	9,940	10,739	12,976	12,312	0.086	0.000 +
Miami - Hialeah.....	3,266	3,156	3,078	3,214	3,239	3,046	3,170	3,255	3,402	3,725	4,125	4,435	0.178	0.006 +
Minneapolis - St. Paul.....	2,229	2,098	2,377	2,459	2,563	2,410	2,248	2,101	2,414	2,229	2,534	2,664	0.000 +	0.000 +
New Orleans.....	2,619	3,249	2,900	2,944	2,602	2,607	2,766	2,325	2,328	2,131	2,286	2,378	0.408	0.054
New York.....	21,027	19,764	21,001	19,470	18,953	18,163	18,047	18,096	15,172	15,491	15,636	16,248	0.609	0.642
Newark.....	5,435	5,435	5,274	4,635	4,155	4,738	4,619	4,326	4,085	4,216	3,972	3,777	0.316	0.060
Philadelphia.....	10,361	10,142	10,610	11,025	11,457	11,772	12,674	12,254	12,303	12,110	11,547	11,886	0.540	0.895
Phoenix.....	4,184	3,729	3,820	3,614	3,747	3,581	3,754	3,306	4,069	4,224	4,392	4,680	0.000 +	0.004 +
St. Louis.....	3,080	2,582	3,021	3,168	2,835	2,828	2,861	2,858	3,206	3,129	3,683	3,225	0.127	0.774 +
San Diego.....	2,346	2,315	2,915	2,896	3,081	3,673	3,590	3,391	3,239	3,796	3,660	3,434	0.001 -	0.006 -
San Francisco.....	5,071	5,093	4,764	4,772	4,633	4,791	4,596	4,473	4,224	4,705	4,161	3,697	0.000 -	0.000 -
Seattle.....	4,494	4,024	4,370	4,106	5,102	5,491	4,625	3,707	3,933	4,492	5,718	5,398	0.000 -	0.000 +
Washington, DC.....	6,359	5,471	5,939	5,781	5,651	5,543	5,973	5,623	5,025	5,258	5,125	5,179	0.907	0.813
National Panel.....	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	159,908	153,346	173,916	169,196	0.538	0.086

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 4 - Estimated number of emergency department drug episodes, by metropolitan area by year: 1993-2000

DRUG EPISODES

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.	460,910	518,521	513,633	514,347	527,058	542,544	554,932	601,776	0.069	0.027 +
Atlanta.....	7,728	10,828	11,063	9,400	8,004	10,722	10,195	11,114	0.187	0.618
Baltimore.....	13,474	15,862	15,966	15,994	12,755	13,736	14,172	11,505	0.000 -	0.000 -
Boston.....	12,644	15,225	16,073	13,539	12,229	13,657	11,669	14,902	0.001 +	0.293
Buffalo.....	2,522	2,926	2,714	3,587	2,812	2,683	2,711	2,899	0.465	0.643
Chicago.....	17,978	21,511	21,885	23,524	26,891	26,209	26,158	30,330	0.000 +	0.011 +
Dallas.....	4,739	5,160	5,230	4,978	6,195	7,198	6,245	6,798	0.139	0.393
Denver.....	3,791	5,034	4,609	3,419	4,338	4,091	4,816	4,946	0.481	0.020 +
Detroit.....	19,169	17,162	18,630	20,822	17,604	17,483	16,126	17,042	0.656	0.877
Los Angeles - Long Beach.....	20,611	19,256	19,260	20,278	17,187	17,103	20,678	25,288	0.000 +	0.000 +
Miami - Hialeah.....	5,588	5,849	6,421	6,292	6,285	6,426	7,128	8,560	0.000 +	0.000 +
Minneapolis - St. Paul.....	4,558	4,611	4,327	4,836	4,974	4,348	4,643	5,198	0.009 +	0.001 +
New Orleans.....	4,092	4,739	5,868	5,844	5,209	5,091	4,459	4,664	0.275	0.061
New York.....	45,116	43,127	40,792	40,471	37,116	36,142	30,662	31,885	0.582	0.103
Newark.....	9,216	9,395	10,870	9,909	8,893	8,944	8,301	7,749	0.081	0.017 -
Philadelphia.....	19,801	17,711	20,502	21,634	23,229	24,928	24,413	23,433	0.746	0.556
Phoenix.....	5,930	6,879	7,913	7,434	7,327	7,060	8,293	9,072	0.001 +	0.000 +
St. Louis.....	4,020	6,039	5,662	6,188	5,664	5,719	6,336	6,908	0.158	0.006 +
San Diego.....	5,310	5,051	4,661	5,811	6,754	6,982	7,036	7,094	0.809	0.754
San Francisco.....	11,763	11,766	10,165	9,536	9,424	9,070	8,930	7,857	0.007 -	0.090
Seattle.....	7,266	10,049	8,517	8,476	10,593	8,332	8,426	11,116	0.000 +	0.020 +
Washington, DC.....	12,339	14,152	11,830	11,720	11,194	11,596	10,282	10,303	0.961	0.000 -
National Panel.....	223,256	266,189	260,674	260,654	282,380	295,023	313,254	343,112	0.239	0.066

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 5 - Estimated number of emergency department drug episodes, by metropolitan area by half year: First half 1995 - second half 2000

DRUG MENTIONS

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	509,909	505,297	554,009	546,530	0.616	0.034 +
Atlanta.....	11,497	10,822	9,120	9,988	8,129	8,063	10,625	9,593	9,295	10,206	10,727	11,241	0.267	0.172
Baltimore.....	14,151	12,970	12,964	14,121	11,470	10,593	10,866	12,684	12,528	12,257	9,601	10,277	0.000 +	0.000 -
Boston.....	16,232	13,865	13,146	11,785	11,757	10,663	12,243	12,650	10,507	10,717	12,519	13,355	0.134	0.000 +
Buffalo.....	2,405	2,467	3,435	3,250	2,953	2,333	2,341	2,594	2,220	2,710	2,593	2,785	0.616	0.855
Chicago.....	20,576	17,861	19,683	22,755	24,192	26,337	23,784	24,591	22,826	25,064	26,560	28,910	0.244	0.018 +
Dallas.....	4,849	4,806	4,753	4,425	5,400	6,052	6,818	6,601	5,797	5,669	6,323	6,169	0.546	0.116
Denver.....	4,469	3,757	3,063	2,853	3,675	3,863	3,544	3,635	3,799	4,435	4,343	4,225	0.374	0.266
Detroit.....	19,445	14,732	20,025	19,012	17,212	15,291	16,031	16,573	15,572	14,690	16,471	16,287	0.859	0.440
Los Angeles - Long Beach.....	17,321	16,102	17,182	18,054	15,454	14,250	13,734	16,085	17,684	19,284	23,271	21,773	0.084	0.006 +
Miami - Hialeah.....	5,155	4,932	4,849	5,078	5,288	4,970	5,271	5,485	5,745	6,416	7,142	7,745	0.149	0.008 +
Minneapolis - St. Paul.....	4,300	4,042	4,570	4,594	4,887	4,497	4,276	3,874	4,482	4,484	5,008	5,102	0.098	0.007 +
New Orleans.....	5,044	6,090	5,490	5,550	4,775	4,949	5,155	4,507	4,575	4,335	4,460	4,713	0.326	0.147
New York.....	31,401	31,060	33,704	31,919	30,505	29,760	28,922	29,447	24,949	25,653	26,058	26,587	0.797	0.732
Newark.....	9,526	9,770	9,942	8,075	7,034	8,004	7,876	7,308	6,948	7,033	6,763	6,314	0.185	0.066
Philadelphia.....	18,722	18,252	19,108	19,693	21,016	21,844	23,102	22,524	22,807	22,877	21,824	22,581	0.483	0.928
Phoenix.....	7,043	6,169	6,536	5,999	6,354	6,309	6,390	5,902	7,004	7,057	7,415	8,019	0.000 +	0.014 +
St. Louis.....	5,693	4,681	5,414	5,626	4,977	5,343	5,317	5,395	5,926	5,772	7,071	6,260	0.205	0.477
San Diego.....	4,188	3,994	5,061	5,144	5,493	6,381	6,331	5,859	5,605	6,444	5,924	5,724	0.064	0.000 -
San Francisco.....	7,812	7,729	7,107	7,118	6,612	6,884	6,392	6,138	5,888	6,826	6,322	5,854	0.002 -	0.000 -
Seattle.....	7,520	6,588	7,105	6,638	8,723	9,506	7,795	6,133	6,413	7,448	9,605	9,375	0.169	0.000 +
Washington, DC.....	10,860	9,035	9,929	9,886	9,501	9,474	9,828	9,240	8,387	8,560	8,038	8,199	0.780	0.578
National Panel.....	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	300,950	287,360	325,972	315,036	0.451	0.140

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 6 - Estimated number of emergency department drug mentions, by metropolitan area by year: 1993-2000**DRUG MENTIONS**

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	<i>p</i> -value 1999, 2000 ^{1,2}	<i>p</i> -value 1998, 2000 ^{1,3}
TOTAL U.S.	796,762	900,317	901,206	907,561	943,937	982,856	1,015,206	1,100,539	0.083	0.016 +
Atlanta.....	14,766	21,362	22,319	19,108	16,191	20,218	19,501	21,967	0.064	0.271
Baltimore.....	23,185	26,897	27,121	27,085	22,063	23,550	24,785	19,878	0.000 -	0.000 -
Boston.....	23,102	28,231	30,097	24,932	22,420	24,893	21,224	25,874	0.001 +	0.665
Buffalo.....	4,376	5,069	4,873	6,685	5,286	4,935	4,929	5,378	0.407	0.630
Chicago.....	31,352	37,273	38,437	42,439	50,529	48,375	47,889	55,469	0.001 +	0.032 +
Dallas.....	8,624	9,360	9,655	9,178	11,452	13,419	11,466	12,492	0.105	0.271
Denver.....	6,367	8,417	8,226	5,916	7,538	7,179	8,234	8,568	0.313	0.032 +
Detroit.....	35,715	30,748	34,177	39,037	32,503	32,604	30,263	32,757	0.531	0.977
Los Angeles - Long Beach.....	35,564	33,221	33,423	35,236	29,703	29,820	36,969	45,045	0.000 +	0.001 +
Miami - Hialeah.....	8,704	9,383	10,087	9,926	10,258	10,756	12,160	14,887	0.000 +	0.000 +
Minneapolis - St. Paul.....	8,756	9,030	8,342	9,164	9,383	8,150	8,966	10,109	0.006 +	0.000 +
New Orleans.....	8,225	9,459	11,134	11,040	9,724	9,662	8,911	9,173	0.512	0.317
New York.....	65,375	64,199	62,461	65,623	60,265	58,368	50,602	52,645	0.581	0.178
Newark.....	15,928	16,529	19,296	18,017	15,038	15,185	13,981	13,077	0.074	0.017 -
Philadelphia.....	34,994	31,717	36,974	38,801	42,860	45,626	45,685	44,404	0.829	0.791
Phoenix.....	10,010	11,563	13,211	12,534	12,663	12,292	14,061	15,433	0.019 +	0.000 +
St. Louis.....	6,807	11,021	10,374	11,040	10,320	10,712	11,698	13,331	0.051	0.002 +
San Diego.....	9,033	8,701	8,182	10,205	11,874	12,190	12,050	11,648	0.343	0.412
San Francisco.....	17,538	17,576	15,541	14,224	13,495	12,530	12,714	12,176	0.407	0.748
Seattle.....	12,126	17,173	14,108	13,743	18,228	13,927	13,861	18,980	0.000 +	0.014 +
Washington, DC.....	21,692	25,222	19,896	19,815	18,975	19,068	16,947	16,237	0.503	0.002 -
National Panel.....	394,524	468,167	463,272	463,815	513,169	549,397	588,310	641,008	0.278	0.053

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 7 - Estimated number of emergency department cocaine mentions, by metropolitan area by half year: First half 1995 - second half 2000

COCAINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	79,582	89,182	84,702	90,194	0.134	0.803
Atlanta.....	3,384	3,130	2,685	2,749	2,227	2,016	3,127	2,853	2,453	2,783	2,820	3,410	0.000 +	0.001 +
Baltimore.....	4,700	3,903	4,021	4,495	3,212	3,041	3,167	3,704	3,449	3,472	2,353	2,590	0.000 +	0.000 -
Boston.....	2,945	2,322	2,166	1,942	1,661	1,672	2,051	2,475	1,722	1,838	1,885	2,217	0.000 +	0.003 +
Buffalo.....	614	721	1,092	1,111	884	642	610	615	494	624	430	588	0.070	0.673
Chicago.....	6,003	4,699	5,734	6,954	7,100	7,273	6,883	6,757	6,150	7,248	7,282	7,589	0.613	0.481
Dallas.....	752	704	690	702	819	959	1,262	1,324	1,011	1,097	1,105	1,075	0.697	0.820
Denver.....	656	493	406	405	492	581	502	653	658	724	668	674	0.734	0.044 -
Detroit.....	5,420	3,347	5,255	5,180	4,489	3,604	4,172	4,445	3,785	3,914	4,028	3,842	0.172	0.801
Los Angeles - Long Beach.....	2,663	2,322	2,748	2,962	2,295	2,413	2,629	3,154	3,186	3,586	4,623	4,488	0.479	0.000 +
Miami - Hialeah.....	1,552	1,526	1,488	1,615	1,638	1,616	1,768	1,785	1,872	2,146	2,129	2,252	0.408	0.532
Minneapolis - St. Paul.....	237	229	301	375	359	377	394	378	407	407	397	444	0.188	0.292
New Orleans.....	863	1,154	1,078	1,302	1,177	1,186	1,305	1,091	1,082	1,058	937	1,061	0.009 +	0.944
New York.....	9,915	9,808	11,070	10,522	10,233	9,969	9,989	9,560	7,386	7,413	6,883	7,367	0.493	0.963
Newark.....	2,314	2,345	2,369	2,067	1,627	1,944	1,908	1,835	1,553	1,571	1,448	1,278	0.171	0.033 -
Philadelphia.....	4,875	4,627	4,915	5,470	5,404	5,798	6,624	6,425	6,207	6,227	5,285	5,213	0.834	0.273
Phoenix.....	667	498	651	731	675	659	749	737	864	1,017	857	921	0.076	0.105
St. Louis.....	1,108	734	877	975	707	787	1,017	1,056	1,180	1,149	1,255	1,148	0.546	0.996
San Diego.....	322	322	405	501	394	452	462	509	423	640	484	518	0.077	0.000 -
San Francisco.....	1,296	1,264	1,155	1,160	992	987	912	930	776	1,160	1,071	985	0.002 -	0.000 -
Seattle.....	1,211	946	1,128	1,015	1,267	1,583	1,261	1,139	1,089	1,431	1,584	1,754	0.000 +	0.000 +
Washington, DC.....	2,025	1,517	1,954	1,927	1,604	1,619	1,892	1,826	1,472	1,678	1,373	1,458	0.558	0.094
National Panel.....	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	32,363	37,998	35,806	39,323	0.317	0.728

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 8 - Estimated number of emergency department cocaine mentions, by metropolitan area by year: 1993-2000

COCAINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.	123,423	142,878	135,801	152,433	161,087	172,014	168,763	174,896	0.347	0.834
Atlanta.....	4,384	6,165	6,515	5,434	4,244	5,980	5,236	6,229	0.002 +	0.578
Baltimore.....	7,643	8,882	8,603	8,515	6,253	6,871	6,921	4,943	0.000 -	0.000 -
Boston.....	3,912	4,715	5,267	4,109	3,333	4,526	3,560	4,101	0.039 +	0.301
Buffalo.....	974	1,207	1,334	2,203	1,526	1,225	1,119	1,018	0.353	0.217
Chicago.....	8,640	10,797	10,702	12,688	14,373	13,640	13,399	14,871	0.009 +	0.161
Dallas.....	1,345	1,426	1,457	1,393	1,778	2,586	2,107	2,180	0.620	0.031 -
Denver.....	968	1,299	1,149	811	1,072	1,154	1,382	1,342	0.462	0.128
Detroit.....	8,991	7,964	8,767	10,435	8,093	8,617	7,699	7,870	0.821	0.521
Los Angeles - Long Beach.....	5,362	5,070	4,985	5,710	4,707	5,783	6,772	9,111	0.000 +	0.003 +
Miami - Hialeah.....	2,662	2,742	3,078	3,104	3,254	3,553	4,018	4,381	0.012 +	0.006 +
Minneapolis - St. Paul.....	457	578	465	675	736	773	814	841	0.730	0.533
New Orleans.....	1,686	1,884	2,018	2,380	2,363	2,396	2,140	1,998	0.037 -	0.000 -
New York.....	21,085	20,214	19,724	21,592	20,202	19,549	14,799	14,250	0.674	0.001 -
Newark.....	3,825	4,228	4,658	4,436	3,571	3,743	3,124	2,726	0.011 -	0.001 -
Philadelphia.....	9,943	8,446	9,502	10,384	11,202	13,049	12,434	10,497	0.221	0.067
Phoenix.....	838	1,067	1,165	1,382	1,334	1,486	1,882	1,778	0.250	0.000 +
St. Louis.....	1,220	2,329	1,841	1,852	1,494	2,073	2,329	2,403	0.730	0.154
San Diego.....	869	668	644	906	846	971	1,063	1,002	0.106	0.718
San Francisco.....	3,035	3,123	2,560	2,315	1,979	1,843	1,936	2,056	0.224	0.299
Seattle.....	1,760	2,896	2,157	2,143	2,850	2,399	2,520	3,338	0.000 +	0.034 +
Washington, DC.....	4,275	4,849	3,542	3,881	3,223	3,718	3,150	2,830	0.034 -	0.000 -
National Panel.....	29,550	42,330	35,668	46,085	62,654	66,078	70,361	75,129	0.439	0.498

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 9 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by half year: First half 1995 - second half 2000

HEROIN/MORPHINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,565	45,843	48,856	48,431	0.832	0.340
Atlanta.....	219	205	216	198	179	220	229	254	206	226	249	259	0.414	0.106
Baltimore.....	4,221	4,001	3,944	4,166	3,035	2,838	3,019	3,706	3,510	3,503	2,892	2,522	0.000 -	0.000 -
Boston.....	1,594	1,377	1,337	1,415	1,278	1,239	1,366	1,390	1,366	1,508	1,830	2,058	0.064	0.006 +
Buffalo.....	155	230	222	227	208	263	228	317	248	278	367	320	0.292	0.488
Chicago.....	2,243	2,482	2,628	3,654	3,959	4,674	4,529	4,853	4,675	5,050	6,161	6,403	0.734	0.031 +
Dallas.....	148	129	163	184	256	261	262	250	209	235	271	221	0.052	0.749
Denver.....	228	241	201	143	193	283	256	253	310	341	329	353	0.000 +	0.256
Detroit.....	1,343	1,058	1,614	1,600	1,584	1,462	1,437	1,464	1,268	1,410	1,673	1,696	0.717	0.025 +
Los Angeles - Long Beach.....	1,422	1,665	1,734	1,570	1,350	1,182	1,223	1,408	1,457	1,499	1,817	1,407	0.000 -	0.308
Miami - Hialeah.....	180	156	160	231	280	319	365	408	455	465	685	774	0.155	0.000 +
Minneapolis - St. Paul.....	48	58	49	78	83	88	93	84	100	107	102	135	0.000 +	0.012 +
New Orleans.....	107	167	135	173	219	212	269	265	286	377	474	522	0.001 +	0.000 +
New York.....	5,288	5,440	5,677	5,490	4,898	4,593	4,626	4,618	4,163	5,169	5,386	5,642	0.719	0.635
Newark.....	2,696	2,989	2,978	2,414	1,861	2,506	2,577	2,502	2,303	2,433	2,286	2,115	0.280	0.065
Philadelphia.....	1,877	2,002	1,955	1,985	1,738	2,079	1,672	1,914	1,955	2,197	2,277	2,442	0.332	0.717
Phoenix.....	232	258	290	345	414	418	474	419	407	470	446	453	0.740	0.507
St. Louis.....	206	188	243	259	253	219	304	341	414	462	570	541	0.741	0.490
San Diego.....	305	386	560	421	419	508	493	517	522	590	610	460	0.000 -	0.000 -
San Francisco.....	1,500	1,640	1,582	1,575	1,425	1,327	1,340	1,046	1,222	1,852	1,501	1,273	0.000 -	0.000 -
Seattle.....	948	1,086	1,247	1,195	1,403	1,519	1,291	1,148	1,188	1,300	1,423	1,099	0.000 -	0.000 -
Washington, DC.....	668	640	692	843	827	864	1,057	1,055	875	919	969	998	0.793	0.419
National Panel.....	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,426	15,455	16,538	16,739	0.908	0.584

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 10 - Estimated number of emergency department heroin/morphine mentions, by metropolitan area by year: 1993-2000

HEROIN/MORPHINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.	63,232	64,013	70,838	73,846	72,010	77,645	84,409	97,287	0.008 +	0.021 +
Atlanta.....	250	456	424	414	400	483	432	507	0.003 +	0.518
Baltimore.....	5,719	7,510	8,222	8,111	5,873	6,725	7,013	5,414	0.000 -	0.000 -
Boston.....	2,319	2,527	2,971	2,751	2,517	2,756	2,874	3,888	0.005 +	0.010 +
Buffalo.....	279	355	385	448	471	545	525	687	0.001 +	0.039 +
Chicago.....	3,581	4,787	4,725	6,282	8,633	9,383	9,725	12,564	0.005 +	0.007 +
Dallas.....	297	237	276	347	516	512	444	492	0.494	0.783
Denver.....	276	495	470	344	476	509	651	682	0.454	0.033 +
Detroit.....	2,380	2,106	2,401	3,214	3,046	2,901	2,678	3,369	0.010 +	0.290
Los Angeles - Long Beach.....	3,724	2,949	3,088	3,305	2,532	2,631	2,955	3,225	0.098	0.004 +
Miami - Hialeah.....	251	264	336	391	599	772	921	1,459	0.000 +	0.000 +
Minneapolis - St. Paul.....	138	78	106	127	170	177	207	237	0.012 +	0.014 +
New Orleans.....	140	197	274	308	431	534	664	996	0.000 +	0.000 +
New York.....	11,351	11,185	10,728	11,167	9,491	9,244	9,331	11,028	0.244	0.347
Newark.....	4,526	4,498	5,686	5,392	4,367	5,080	4,736	4,401	0.092	0.024 -
Philadelphia.....	2,478	2,440	3,879	3,941	3,817	3,586	4,152	4,719	0.611	0.109
Phoenix.....	487	483	490	635	832	893	877	899	0.641	0.932
St. Louis.....	215	408	394	502	472	644	876	1,111	0.079	0.003 +
San Diego.....	842	695	691	982	927	1,011	1,112	1,070	0.583	0.605
San Francisco.....	3,694	3,555	3,139	3,157	2,751	2,386	3,074	2,773	0.041 -	0.107
Seattle.....	1,727	2,092	2,034	2,442	2,922	2,439	2,488	2,522	0.150	0.837
Washington, DC.....	1,414	1,261	1,307	1,535	1,691	2,112	1,794	1,967	0.117	0.264
National Panel.....	17,146	15,437	18,813	18,052	19,074	22,323	26,880	33,277	0.138	0.179

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

**Table 11 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by half year:
First half 1995 - second half 2000**

MARIJUANA/HASHISH

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	43,109	44,041	49,041	47,405	0.677	0.493
Atlanta.....	832	839	692	855	770	808	1,410	1,223	1,185	1,331	1,265	1,166	0.451	0.377
Baltimore.....	393	552	507	686	689	713	708	788	801	878	767	854	0.007 +	0.658
Boston.....	1,277	1,122	1,091	1,036	921	847	1,484	1,423	967	994	1,425	1,520	0.137	0.014 +
Buffalo.....	100	195	271	241	275	197	206	246	225	268	253	300	0.378	0.561
Chicago.....	1,524	1,396	1,652	1,881	2,060	2,364	2,607	2,395	2,277	2,284	2,497	2,905	0.112	0.011 +
Dallas.....	247	308	294	262	435	481	761	752	615	561	671	555	0.004 -	0.883
Denver.....	313	183	147	141	215	290	293	287	292	389	405	413	0.685	0.342
Detroit.....	2,089	1,785	2,234	1,981	1,853	1,892	2,049	2,286	2,254	1,846	2,125	2,219	0.645	0.378
Los Angeles - Long Beach.....	899	807	1,031	1,101	1,061	1,023	1,345	2,079	2,518	2,955	3,217	2,630	0.084	0.523
Miami - Hialeah.....	478	491	503	513	565	465	564	555	576	709	857	913	0.459	0.004 +
Minneapolis - St. Paul.....	232	237	286	259	309	296	241	250	309	318	404	399	0.803	0.014 +
New Orleans.....	426	599	558	688	636	709	714	482	545	500	519	549	0.379	0.165
New York.....	1,516	1,460	1,723	1,848	1,942	1,901	1,988	1,696	1,799	1,692	1,856	1,688	0.253	0.985
Newark.....	413	331	346	281	249	251	266	266	313	220	276	265	0.631	0.006 +
Philadelphia.....	1,554	1,508	1,689	1,747	2,164	2,392	2,835	2,475	2,841	2,624	2,451	2,485	0.849	0.677
Phoenix.....	279	196	334	276	357	384	385	340	548	479	464	609	0.000 +	0.000 +
St. Louis.....	521	340	418	507	521	588	693	645	865	775	969	793	0.218	0.904
San Diego.....	229	251	285	341	456	514	609	518	409	513	481	474	0.860	0.207
San Francisco.....	259	247	232	193	195	195	206	188	164	306	342	285	0.000 -	0.303
Seattle.....	534	459	479	417	773	890	569	366	409	398	723	691	0.270	0.000 +
Washington, DC.....	1,092	943	1,090	1,077	1,169	1,225	1,121	1,241	1,210	1,308	1,284	1,227	0.867	0.650
National Panel.....	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	21,988	22,691	25,790	24,465	0.732	0.714

... Estimate does not meet standard of precision.

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 12 - Estimated number of emergency department marijuana/hashish mentions, by metropolitan area by year: 1993-2000

MARIJUANA/HASHISH

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.	28,873	40,183	45,271	53,789	64,744	76,870	87,150	96,446	0.363	0.168
Atlanta.....	849	1,527	1,671	1,547	1,578	2,633	2,515	2,431	0.809	0.345
Baltimore.....	625	770	945	1,194	1,402	1,495	1,679	1,620	0.525	0.269
Boston.....	1,185	1,870	2,400	2,127	1,768	2,907	1,961	2,945	0.032 +	0.947
Buffalo.....	138	230	295	512	472	453	493	553	0.559	0.436
Chicago.....	1,366	2,219	2,919	3,533	4,424	5,002	4,561	5,401	0.004 +	0.390
Dallas.....	367	477	555	556	916	1,513	1,176	1,226	0.577	0.085
Denver.....	202	406	497	288	505	579	681	818	0.031 +	0.044 +
Detroit.....	2,716	2,849	3,875	4,215	3,746	4,335	4,100	4,344	0.760	0.991
Los Angeles - Long Beach.....	1,745	1,658	1,706	2,132	2,084	3,423	5,473	5,846	0.323	0.042 +
Miami - Hialeah.....	472	711	969	1,015	1,030	1,118	1,285	1,770	0.000 +	0.000 +
Minneapolis - St. Paul.....	391	482	469	544	604	491	627	803	0.008 +	0.003 +
New Orleans.....	610	885	1,025	1,247	1,345	1,196	1,044	1,068	0.580	0.052
New York.....	2,092	2,589	2,976	3,571	3,842	3,684	3,491	3,544	0.886	0.700
Newark.....	436	628	743	627	500	532	533	541	0.810	0.856
Philadelphia.....	1,955	2,085	3,061	3,436	4,556	5,310	5,465	4,936	0.306	0.422
Phoenix.....	226	453	474	610	741	726	1,028	1,073	0.393	0.000 +
St. Louis.....	155	901	861	925	1,109	1,338	1,640	1,763	0.583	0.003 +
San Diego.....	479	513	480	626	970	1,127	923	955	0.664	0.048 -
San Francisco.....	451	479	507	425	390	394	470	627	0.001 +	0.012 +
Seattle.....	406	870	993	897	1,663	936	808	1,414	0.000 +	0.017 +
Washington, DC.....	2,102	2,712	2,035	2,167	2,394	2,362	2,518	2,511	0.982	0.813
National Panel.....	9,905	14,868	15,814	21,596	28,705	35,316	44,679	50,255	0.582	0.286

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 13 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by half year: First half 1995 - second half 2000

METHAMPHETAMINE/SPEED

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,730	5,717	7,328	6,185	0.232	0.559
Atlanta.....	58	89	39	96	85	129	94	67	31	52	65	44	0.176	0.236
Baltimore.....	3	1	3	3	4	3	...	4	5	5	5	1	0.000 -	0.000 -
Boston.....	...	6	...	...	4	9	3	3	8	...	7	...	...	...
Buffalo.....	4	...	8	1	6	...	2	7	6	1	5	0	0.000 -	0.000 -
Chicago.....	28	6	17	11	10	19	16	18	10	12	8	...	...	...
Dallas.....	124	78	53	62	77	82	118	67	58	42	75	60	0.120	0.001 +
Denver.....	100	77	45	59	149	143	66	53	28	73	64	46	0.000 -	0.030 -
Detroit.....	...	...	4	...	...	0	0	0	1	...	0	...	...	...
Los Angeles - Long Beach.....	813	464	575	694	596	633	418	368	414	496	682	693	0.754	0.001 +
Miami - Hialeah.....	1	4	5	4	2	8	7	9	...	6	7	8	0.437	0.101
Minneapolis - St. Paul.....	57	36	49	59	110	...	68	43	57	55	59	95	0.081	0.058
New Orleans.....	7	11	10	12	9	17	13	12	9	14	12	15	0.026 +	0.680
New York.....	14	...	6	15	13	...	17	19	13	4	17	14	0.600	0.102
Newark.....	...	0	1	...	0	...	...	...	1	...	...	4	...	...
Philadelphia.....	25	65	19	47	58	43	17	31	17	30	...	29	...	0.925
Phoenix.....	454	324	397	328	461	339	294	152	147	194	269	331	0.001 +	0.000 +
St. Louis.....	58	18	...	23	23	43	30	...	44	60	106	56	0.000 -	0.840
San Diego.....	413	272	288	378	418	558	421	300	260	324	411	336	0.060	0.750
San Francisco.....	622	484	403	531	484	528	385	232	251	303	270	322	0.003 +	0.318
Seattle.....	181	79	72	123	212	267	160	106	150	203	305	235	0.000 -	0.006 +
Washington, DC.....	...	10	...	6	...	...	10	6	...	29	...	18	...	0.299
National Panel.....	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,211	3,799	4,879	3,852	0.281	0.947

... Estimate does not meet standard of precision.

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 14 - Estimated number of emergency department methamphetamine/speed mentions, by metropolitan area by year: 1993-2000

METHAMPHETAMINE/SPEED

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.	9,926	17,665	15,936	11,002	17,154	11,491	10,447	13,513	0.014 +	0.134 -
Atlanta.....	55	101	147	135	214	162	83	109	0.005 +	0.022 -
Baltimore.....	5	4	4	6	7	6	10	6	0.000 -	1.000
Boston.....	15	3	7	...	13	6	12	14	0.785	0.073
Buffalo.....	7	8	6	9	8	9	7	5	0.031 -	0.000 -
Chicago.....	20	20	34	28	29	33	22	25	0.754	0.516
Dallas.....	79	154	203	115	159	186	100	135	0.015 +	0.004 -
Denver.....	55	145	176	105	292	120	101	110	0.677	0.681
Detroit.....	24	17	15	...	...	0	...	...	...	...
Los Angeles - Long Beach.....	1,226	1,400	1,276	1,268	1,229	786	910	1,375	0.000 +	0.000 +
Miami - Hialeah.....	4	8	5	9	10	16	9	15	0.015 +	0.518
Minneapolis - St. Paul.....	42	64	93	108	217	112	112	153	0.150	0.156
New Orleans.....	10	12	18	22	26	25	23	27	0.343	0.624
New York.....	16	21	23	21	32	36	17	31	0.080	0.472
Newark.....	1	...	...	...	...	...	3	6	0.201	...
Philadelphia.....	110	92	91	66	101	48	47	67	0.346	0.333
Phoenix.....	481	813	777	725	800	446	341	600	0.000 +	0.000 +
St. Louis.....	29	52	76	39	67	66	104	162	0.118	0.023 +
San Diego.....	929	913	686	666	976	721	584	747	0.035 +	0.794
San Francisco.....	992	1,258	1,106	934	1,012	616	554	591	0.304	0.770
Seattle.....	177	299	260	195	479	266	353	540	0.000 +	0.000 +
Washington, DC.....	20	33	24	11	...	16	33	62	0.128	0.118
National Panel.....	5,628	12,245	10,906	6,499	11,454	7,810	7,010	8,731	0.162	0.490

... Estimate does not meet standard of precision.

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 15 - Estimated number of total emergency department visits, by metropolitan area by half year: First half 1995 - second half 2000

TOTAL ED VISITS**

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.....	44,027	44,521	45,314	45,876	44,342	45,378	44,309	45,374	45,389	45,710	47,747	48,416	0.000 +	0.000 +
Atlanta.....	545	585	564	561	507	534	511	521	504	522	479	487	0.000 +	0.000 -
Baltimore.....	414	423	429	436	434	440	463	468	490	480	484	495	0.000 +	0.000 +
Boston.....	797	804	834	880	784	784	770	786	749	769	790	794	0.000 +	0.000 +
Buffalo.....	150	151	145	149	132	136	127	144	143	145	131	134	0.000 +	0.000 -
Chicago.....	1,093	1,123	1,095	1,109	1,071	1,126	1,049	1,092	1,083	1,122	1,116	1,141	0.000 +	0.000 +
Dallas.....	416	427	417	419	449	438	462	452	452	453	523	492	0.000 -	0.000 +
Denver.....	228	237	230	216	216	223	212	214	249	272	263	265	0.000 +	0.000 -
Detroit.....	752	761	746	791	729	720	724	737	743	739	724	751	0.000 +	0.000 +
Los Angeles - Long Beach.....	1,115	1,123	1,177	1,158	1,068	1,165	1,024	1,118	1,132	1,175	1,286	1,312	0.000 +	0.000 +
Miami - Hialeah.....	309	313	318	314	329	339	354	346	353	353	366	374	0.000 +	0.000 +
Minneapolis - St. Paul.....	336	347	346	345	335	347	330	331	341	362	366	376	0.000 +	0.000 +
New Orleans.....	287	288	297	306	285	291	289	274	298	287	309	299	0.000 -	0.000 +
New York.....	1,599	1,597	1,829	1,795	1,735	1,698	1,672	1,799	1,704	1,722	1,832	1,853	0.000 +	0.000 +
Newark.....	347	355	332	349	321	328	340	357	362	358	379	386	0.000 +	0.000 +
Philadelphia.....	828	829	821	836	807	831	826	865	843	868	856	883	0.000 +	0.000 +
Phoenix.....	348	352	384	347	348	342	372	345	384	381	427	431	0.000 +	0.000 +
St. Louis.....	440	429	445	436	409	433	422	397	442	434	468	450	0.000 -	0.000 +
San Diego.....	243	260	291	284	291	295	298	313	317	340	320	320	0.000 +	0.050
San Francisco.....	238	243	252	243	239	241	256	257	274	284	250	253	0.000 +	0.000 -
Seattle.....	279	291	309	290	283	299	279	271	280	284	308	313	0.000 +	0.000 +
Washington, DC.....	582	594	535	555	536	541	552	560	563	565	591	610	0.000 +	0.000 +
National Panel.....	32,681	32,989	33,518	34,059	33,036	33,829	32,977	33,725	33,685	33,795	35,482	35,999	0.000 +	0.000 +

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 16 - Estimated number of total emergency department visits, by metropolitan area by year: 1993-2000

TOTAL ED VISITS**

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.	87,651	89,629	88,548	91,189	89,720	89,683	91,100	96,163	0.000 +	0.000 +
Atlanta.....	1,096	1,129	1,129	1,125	1,041	1,032	1,026	965	0.000 -	0.000 -
Baltimore.....	827	825	838	865	873	931	970	978	0.000 +	0.000 +
Boston.....	1,746	1,679	1,601	1,714	1,568	1,556	1,518	1,584	0.000 +	0.000 +
Buffalo.....	333	324	300	294	268	272	288	264	0.000 -	0.000 -
Chicago.....	2,060	2,145	2,216	2,204	2,197	2,141	2,204	2,257	0.000 +	0.000 +
Dallas.....	796	826	843	835	886	914	904	1,015	0.000 +	0.016 +
Denver.....	486	448	464	446	439	426	521	527	0.000 +	0.000 +
Detroit.....	1,568	1,435	1,513	1,537	1,449	1,461	1,481	1,474	0.000 -	0.000 +
Los Angeles - Long Beach.....	2,419	2,376	2,237	2,335	2,233	2,142	2,307	2,599	0.000 +	0.000 +
Miami - Hialeah.....	571	607	622	632	668	700	706	740	0.000 +	0.000 +
Minneapolis - St. Paul.....	630	561	683	691	683	661	703	741	0.000 +	0.000 +
New Orleans.....	535	566	575	603	576	563	585	607	0.000 +	0.000 +
New York.....	3,210	3,356	3,196	3,624	3,432	3,472	3,426	3,685	0.000 +	0.000 +
Newark.....	670	679	702	681	649	697	720	765	0.000 +	0.000 +
Philadelphia.....	1,752	1,619	1,657	1,657	1,638	1,691	1,711	1,739	0.000 +	0.000 +
Phoenix.....	645	645	701	732	690	717	765	858	0.000 +	0.000 +
St. Louis.....	894	917	869	880	841	819	876	918	0.000 +	0.000 +
San Diego.....	618	520	504	575	586	611	657	639	0.382	0.128
San Francisco.....	589	578	481	495	479	513	558	503	0.000 -	0.000 -
Seattle.....	697	702	570	599	582	550	564	621	0.000 +	0.000 +
Washington, DC.....	1,156	1,195	1,176	1,090	1,077	1,112	1,129	1,201	0.000 +	0.000 +
National Panel.....	64,354	66,498	65,670	67,577	66,864	66,702	67,481	71,481	0.000 +	0.000 +

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 17 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1995 - second half 2000

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
DRUG EPISODES														
TOTAL U.S.**	270,855	242,777	251,672	262,675	265,194	261,864	271,903	270,641	278,304	276,628	302,758	299,018	0.635	0.019 +
AGE														
6-34.....	165,408	144,530	150,391	152,993	155,293	151,416	154,273	147,687	149,497	145,307	164,524	158,918	0.207	0.021 +
12-17.....	32,604	28,118	33,383	30,566	33,126	28,312	32,496	26,591	29,019	23,764	33,497	29,950	0.016 -	0.000 +
18-25.....	54,238	49,471	47,928	50,697	52,641	52,006	50,798	52,640	54,114	55,466	62,145	61,294	0.726	0.068
26-34.....	77,881	66,123	68,461	71,174	68,917	69,981	70,484	67,999	65,730	65,526	68,195	67,337	0.750	0.520
35+.....	104,781	97,536	100,825	109,280	108,947	109,683	116,837	122,335	128,415	130,903	137,813	139,483	0.678	0.060
GENDER														
Male.....	135,680	120,457	122,807	134,851	136,327	133,638	141,162	140,193	145,346	146,739	154,927	154,693	0.961	0.136
Female.....	132,477	119,685	125,878	125,194	126,468	125,761	127,820	128,410	130,506	127,573	143,262	138,732	0.256	0.025 +
RACE/ETHNICITY														
White.....	145,154	132,484	134,980	139,078	143,733	140,509	145,650	149,796	158,642	151,430	170,949	164,037	0.271	0.131
Black.....	74,541	64,848	65,063	70,269	68,043	66,853	69,304	67,177	64,342	68,642	67,316	66,461	0.729	0.395
Hispanic.....	25,830	21,531	26,446	28,586	26,454	26,253	30,084	27,078	27,683	29,208	33,232	35,049	0.362	0.019 +
Other race.....	3,089	2,447	3,201	2,819	3,107	2,990	2,809	2,574	2,425	3,160	2,511	2,649	0.750	0.117
Race unknown.....	22,241	21,468	21,982	21,923	23,856	25,259	24,055	24,017	25,212	24,188	28,750	30,822	0.442	0.024 +
FACILITY LOCATION														
Central city.....	89,537	81,834	85,920	86,007	81,984	81,597	82,642	83,018	78,640	83,826	86,794	86,935	0.935	0.146
Outside central city.....	42,430	39,157	41,373	40,393	40,635	40,461	41,432	40,428	39,756	39,456	42,049	42,886	0.342	0.072
National Panel.....	138,888	121,786	124,379	136,275	142,574	139,806	147,829	147,195	159,908	153,346	173,916	169,196	0.538	0.086
DRUG USE MOTIVE														
Recreational use.....	23,593	22,614	23,536	30,336	29,082	26,993	27,515	29,520	30,502	35,849	36,033	39,849	0.222	0.258
Dependence.....	88,295	75,696	80,971	86,499	87,460	91,101	92,671	96,422	99,613	103,079	108,079	109,145	0.795	0.189
Suicide.....	104,401	96,718	95,668	95,742	99,635	91,847	98,216	91,681	91,489	83,368	98,738	94,323	0.225	0.008 +
Other/unknown motive.....	54,566	47,749	51,497	50,098	49,017	51,924	53,500	53,018	56,699	54,332	59,908	55,700	0.307	0.783
REASONS FOR ED CONTACT														
Unexpected reaction.....	31,284	26,098	28,940	32,963	35,504	33,183	34,218	36,962	35,024	43,317	45,233	47,314	0.648	0.537
Overdose.....	141,373	130,349	127,055	125,860	128,330	116,594	127,490	117,674	116,361	115,922	134,546	129,694	0.205	0.005 +
Chronic effects.....	33,188	26,978	26,987	26,480	24,116	25,157	25,717	24,393	25,075	24,870	25,912	26,256	0.738	0.328
Seeking detox.....	26,545	23,938	28,388	31,535	32,226	35,662	35,618	37,425	34,252	38,708	46,150	44,475	0.635	0.129
Withdrawal.....	8,161	6,965	7,223	7,790	6,984	8,193	8,320	9,659	14,011	11,899	10,410	12,087	0.028 +	0.868
Other/unknown reason.....	30,305	28,449	33,079	38,047	38,034	43,076	40,540	44,528	53,582	41,911	40,506	39,193	0.615	0.428

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 18 - Estimated number of emergency department drug episodes, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1993-2000

DRUG EPISODES

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.***	460,910	518,521	513,633	514,347	527,058	542,544	554,932	601,776	0.069	0.027 +
AGE										
6-34.....	288,332	324,933	309,937	303,384	306,709	301,960	294,804	323,442	0.041 +	0.158
12-17.....	50,039	60,472	60,722	63,949	61,437	59,086	52,783	63,448	0.000 +	0.153
18-25.....	98,276	112,262	103,708	98,625	104,647	103,438	109,580	123,438	0.033 +	0.003 +
26-34.....	138,634	151,195	144,003	139,634	138,897	138,483	131,256	135,531	0.499	0.699
35+.....	171,257	190,145	202,316	210,105	218,630	239,172	259,318	277,295	0.157	0.003 +
GENDER										
Male.....	231,721	263,334	256,137	257,658	269,965	281,355	292,085	309,619	0.271	0.087
Female.....	224,526	250,333	252,162	251,072	252,229	256,230	258,079	281,994	0.025 +	0.026 +
RACE/ETHNICITY										
White.....	245,243	279,312	277,637	274,057	284,242	295,447	310,072	334,985	0.269	0.045 +
Black.....	126,929	141,171	139,389	135,332	134,896	136,481	132,983	133,776	0.859	0.772
Hispanic.....	48,233	50,438	47,360	55,032	52,707	57,162	56,891	68,282	0.006 +	0.036 +
Other race.....	5,844	6,050	5,536	6,020	6,097	5,382	5,585	5,160	0.522	0.677
Race unknown.....	34,660	41,550	43,709	43,905	49,115	48,072	49,401	59,572	0.072	0.090
FACILITY LOCATION										
Central city.....	162,210	170,269	171,372	171,926	163,581	165,660	162,466	173,729	0.000 +	0.085
Outside central city.....	74,542	82,063	81,587	81,766	81,096	81,860	79,212	84,935	0.108	0.405
National Panel.....	223,256	266,189	260,674	260,654	282,380	295,023	313,254	343,112	0.239	0.066
DRUG USE MOTIVE										
Recreational use.....	36,421	43,948	46,207	53,873	56,075	57,035	66,351	75,882	0.103	0.080
Dependence.....	144,152	165,541	163,991	167,470	178,561	189,094	202,692	217,224	0.293	0.039 +
Suicide.....	180,212	199,773	201,120	191,410	191,481	189,897	174,857	193,061	0.089	0.757
Other/unknown motive.....	100,125	109,259	102,315	101,595	100,941	106,518	111,031	115,608	0.551	0.360
REASONS FOR ED CONTACT										
Unexpected reaction.....	54,569	66,595	57,382	61,902	68,687	71,180	78,342	92,547	0.206	0.127
Overdose.....	243,765	269,573	271,722	252,915	244,924	245,164	232,283	264,240	0.000 +	0.095
Chronic effects.....	50,180	56,010	60,166	53,467	49,273	50,110	49,945	52,168	0.511	0.368
Seeking detox.....	47,398	52,213	50,483	59,923	67,888	73,043	72,960	90,625	0.009 +	0.134
Withdrawal.....	11,125	14,025	15,127	15,013	15,176	17,979	25,910	22,497	0.595	0.080
Other/unknown reason.....	53,872	60,105	58,754	71,127	81,110	85,068	95,493	79,699	0.256	0.518

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 19 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1995 - second half 2000

DRUG MENTIONS

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.**	471,933	429,273	442,932	464,630	473,220	470,716	492,116	490,741	509,909	505,297	554,009	546,530	0.616	0.034 +
AGE														
6-34.....	282,169	250,727	257,923	267,326	271,389	268,280	273,532	262,805	268,460	262,343	294,415	284,260	0.224	0.052
12-17.....	50,506	42,536	50,145	46,514	52,456	46,170	51,860	43,435	45,594	37,618	54,829	48,191	0.025 -	0.000 +
18-25.....	92,590	86,061	81,437	89,945	92,600	93,133	91,489	93,065	97,708	100,656	111,075	110,502	0.901	0.135
26-34.....	138,235	121,140	125,525	130,138	125,315	127,637	129,651	125,758	124,288	123,390	127,661	125,158	0.631	0.752
35+.....	188,693	177,294	184,247	196,454	200,310	201,077	217,120	226,812	240,798	242,198	258,885	261,308	0.766	0.052
GENDER														
Male.....	239,965	214,214	219,983	242,521	244,437	242,043	258,370	256,971	266,743	269,961	282,890	286,280	0.703	0.143
Female.....	227,283	210,470	217,656	217,617	224,909	224,458	228,763	230,246	238,650	230,966	263,795	250,275	0.084	0.059
RACE/ETHNICITY														
White.....	260,361	243,975	243,698	253,185	265,068	260,410	273,988	282,330	301,813	288,433	323,574	309,422	0.286	0.264
Black.....	129,976	110,427	112,470	121,325	118,566	117,978	122,088	116,961	113,673	121,146	117,269	117,908	0.888	0.498
Hispanic.....	40,497	34,493	44,629	48,745	44,889	46,466	51,553	47,185	48,178	49,557	58,306	61,983	0.326	0.007 +
Other race.....	4,944	4,026	5,545	5,438	4,890	4,959	5,020	4,369	3,845	5,428	4,097	4,195	0.901	0.078
Race unknown.....	36,155	36,352	36,590	35,936	39,807	40,904	39,467	39,895	42,399	40,731	50,763	53,022	0.681	0.011 +
FACILITY LOCATION														
Central city.....	152,191	139,906	147,940	149,567	142,699	142,178	142,150	143,175	136,989	147,087	152,907	154,828	0.557	0.039 +
Outside central city.....	76,018	69,819	74,244	71,995	72,706	73,185	74,491	73,643	71,970	70,850	75,130	76,665	0.353	0.105
National Panel.....	243,724	219,548	220,748	243,067	257,815	255,354	275,474	273,923	300,950	287,360	325,972	315,036	0.451	0.140
DRUG USE MOTIVE														
Recreational use.....	37,929	36,851	38,289	51,074	48,885	45,229	46,332	51,292	54,492	62,148	62,763	69,997	0.180	0.211
Dependence.....	148,717	128,299	139,928	150,209	152,316	159,865	163,309	168,860	176,369	180,954	189,916	191,745	0.816	0.216
Suicide.....	192,770	181,021	177,710	177,789	188,644	176,055	191,196	179,993	181,804	168,495	197,711	190,210	0.365	0.034 +
Other/unknown motive.....	92,516	83,102	87,004	85,558	83,376	89,567	91,278	90,595	97,244	93,700	103,619	94,578	0.192	0.919
REASONS FOR ED CONTACT														
Unexpected reaction.....	51,730	43,200	46,957	53,676	59,223	54,407	56,928	61,190	61,565	74,340	76,849	80,001	0.618	0.530
Overdose.....	253,855	238,810	230,787	230,813	236,689	219,593	243,800	225,387	226,000	226,435	263,141	255,543	0.382	0.015 +
Chronic effects.....	53,156	43,214	43,780	42,453	39,269	40,399	41,914	39,927	39,988	40,083	42,042	43,234	0.461	0.166
Seeking detox.....	49,485	43,842	52,883	58,745	59,974	69,443	67,439	70,749	65,288	71,544	87,665	82,594	0.456	0.114
Withdrawal.....	11,595	9,929	10,920	11,764	10,647	11,897	12,242	15,418	...	17,891	15,097	17,462	0.031 +	0.831
Other/unknown reason.....	52,112	50,279	57,605	67,177	67,418	74,977	69,793	78,069	93,921	75,003	69,214	67,695	0.735	0.271

... Estimate does not meet standard of precision.

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 20 - Estimated number of emergency department drug mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1993-2000

DRUG MENTIONS

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.***	796,762	900,317	901,206	907,561	943,937	982,856	1,015,206	1,100,539	0.083	0.016 +
AGE										
6-34.....	492,356	555,245	532,896	525,249	539,669	536,337	530,804	578,675	0.069	0.117
12-17.....	77,134	93,654	93,041	96,659	98,626	95,295	83,212	103,020	0.000 +	0.146
18-25.....	167,275	191,271	178,651	171,382	185,733	184,555	198,364	221,577	0.052	0.002 +
26-34.....	246,224	269,124	259,375	255,663	252,952	255,409	247,678	252,819	0.687	0.854
35+.....	302,025	340,618	365,987	380,701	401,388	443,932	482,996	520,194	0.135	0.002 +
GENDER										
Male.....	400,195	462,457	454,180	462,505	486,480	515,342	536,704	569,171	0.292	0.074
Female.....	388,552	429,112	437,753	435,273	449,367	459,009	469,615	514,070	0.030 +	0.012 +
RACE/ETHNICITY										
White.....	440,188	501,226	504,336	496,883	525,478	556,318	590,247	632,996	0.334	0.045 +
Black.....	214,960	240,450	240,403	233,795	236,544	239,049	234,820	235,177	0.963	0.802
Hispanic.....	76,337	80,585	74,990	93,374	91,355	98,738	97,736	120,289	0.002 +	0.025 +
Other race.....	9,697	9,859	8,970	10,982	9,849	9,389	9,274	8,292	0.425	0.378
Race unknown.....	55,580	68,198	72,507	72,526	80,711	79,362	83,131	103,784	0.056	0.051
FACILITY LOCATION										
Central city.....	268,395	285,340	292,097	297,507	284,877	285,326	284,076	307,735	0.000 +	0.010 +
Outside central city.....	132,833	146,811	145,836	146,240	145,891	148,134	142,820	151,795	0.175	0.593
National Panel.....	394,524	468,167	463,272	463,815	513,169	549,397	588,310	641,008	0.278	0.053
DRUG USE MOTIVE										
Recreational use.....	60,381	70,467	74,780	89,363	94,115	97,625	116,640	132,760	0.106	0.052
Dependence.....	235,976	275,348	277,016	290,137	312,180	332,169	357,323	381,661	0.365	0.043 +
Suicide.....	335,426	373,158	373,791	355,499	364,698	371,189	350,299	387,920	0.088	0.448
Other/unknown motive.....	164,979	181,344	175,618	172,562	172,944	181,873	190,944	198,197	0.585	0.313
REASONS FOR ED CONTACT										
Unexpected reaction.....	88,951	107,799	94,930	100,633	113,630	118,118	135,905	156,850	0.222	0.078
Overdose.....	440,343	487,503	492,665	461,600	456,282	469,187	452,436	518,684	0.000 +	0.040 +
Chronic effects.....	74,141	86,273	96,371	86,233	79,668	81,841	80,071	85,276	0.319	0.407
Seeking detox.....	83,318	92,151	93,326	111,628	129,417	138,188	136,832	170,259	0.010 +	0.148
Withdrawal.....	17,151	20,907	21,524	22,684	22,544	27,660	41,037	32,560	0.483	0.189
Other/unknown reason.....	92,858	105,685	102,390	124,782	142,394	147,863	168,924	136,909	0.211	0.416

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 21 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1995 - second half 2000

COCAINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.***	73,183	62,618	71,435	80,998	78,722	82,365	85,760	86,253	79,582	89,182	84,702	90,194	0.134	0.803
AGE														
6-34.....	43,258	34,868	39,692	43,699	42,175	43,830	44,169	43,713	39,942	42,689	39,819	41,359	0.461	0.560
12-17.....	1,191	860	1,236	1,345	2,084	1,547	2,235	2,074	1,441	1,774	2,378	2,019	0.564	0.441
18-25.....	11,699	9,417	10,207	11,858	12,340	12,880	11,886	12,622	11,801	13,470	12,586	13,172	0.472	0.770
26-34.....	30,362	24,591	28,243	30,489	27,743	29,400	29,995	29,015	26,616	27,445	24,850	26,164	0.435	0.440
35+.....	29,829	27,518	31,561	37,162	36,302	38,301	41,394	42,335	39,537	46,334	44,778	48,576	0.108	0.324
GENDER														
Male.....	48,391	41,308	46,286	54,606	52,059	54,122	55,784	56,603	50,993	58,287	54,296	59,071	0.053	0.783
Female.....	23,976	20,703	24,537	25,650	26,089	27,268	29,107	29,074	28,034	30,222	29,244	30,072	0.620	0.934
RACE/ETHNICITY														
White.....	20,810	19,208	20,726	23,994	24,049	26,823	25,735	27,219	26,355	30,375	28,894	30,937	0.335	0.837
Black.....	40,503	32,914	36,990	40,997	40,770	41,491	42,745	41,813	37,211	40,807	36,867	39,023	0.165	0.296
Hispanic.....	6,005	5,498	7,959	9,781	8,498	8,262	11,388	9,821	9,671	10,789	11,609	12,118	0.579	0.179
Other race.....	290	251	464	336	377	447	407	412	331	378	456	393	0.585	0.860
Race unknown.....	5,575	4,747	5,296	5,891	5,028	5,343	5,485	6,988	6,014	6,832	6,876	7,723	0.444	0.361
FACILITY LOCATION														
Central city.....	42,416	37,261	41,400	43,143	39,359	39,143	41,346	41,113	36,684	40,493	39,283	40,540	0.228	0.971
Outside central city.....	11,105	9,352	10,787	11,018	9,897	10,034	11,337	12,140	10,535	10,690	9,613	10,331	0.021 +	0.648
National Panel.....	19,663	16,005	19,248	26,837	29,465	33,189	33,077	33,001	32,363	37,998	35,806	39,323	0.317	0.728
DRUG USE MOTIVE														
Recreational use.....	8,025	8,310	8,248	13,158	11,299	11,512	11,293	11,876	10,825	14,136	11,658	14,943	0.026 +	0.643
Dependence.....	46,942	39,808	46,228	48,879	48,304	50,850	52,740	52,647	47,212	52,040	51,637	51,714	0.971	0.892
Suicide.....	6,337	5,735	5,978	7,067	6,936	7,513	7,869	7,786	7,080	8,174	7,275	8,730	0.130	0.589
Other/unknown motive.....	11,880	8,764	10,981	11,895	12,183	12,490	13,858	13,944	14,465	14,832	14,132	14,808	0.784	0.994
REASONS FOR ED CONTACT														
Unexpected reaction.....	14,404	11,532	14,316	16,108	16,725	16,138	17,732	17,511	15,945	21,062	20,604	23,126	0.342	0.549
Overdose.....	11,111	10,141	10,320	12,464	12,089	12,159	13,403	12,546	11,933	13,572	12,864	14,930	0.065	0.279
Chronic effects.....	17,665	13,478	14,333	13,895	12,678	12,192	12,930	12,703	11,243	12,088	12,044	12,883	0.036 +	0.272
Seeking detox.....	17,877	15,688	19,729	22,432	22,351	25,491	24,469	24,711	20,203	22,908	25,075	24,453	0.768	0.453
Withdrawal.....	1,632	1,843	1,914	1,760	1,578	1,843	1,920	2,011	2,953	2,471	1,551	1,671	0.653	0.199
Other/unknown reason.....	10,495	9,936	10,823	14,340	13,300	14,542	15,305	16,770	17,306	17,081	12,564	13,131	0.390	0.017 -

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 22 - Estimated number of emergency department cocaine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1993-2000

COCAINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.***	123,423	142,878	135,801	152,433	161,087	172,014	168,763	174,896	0.347	0.834
AGE										
6-34.....	76,394	87,960	78,126	83,391	86,005	87,882	82,631	81,177	0.703	0.337
12-17.....	1,570	2,054	2,051	2,581	3,630	4,309	3,215	4,397	0.125	0.847
18-25.....	22,159	25,392	21,116	22,065	25,220	24,508	25,271	25,758	0.741	0.559
26-34.....	52,658	60,500	54,953	58,732	57,143	59,010	54,060	51,013	0.270	0.135
35+.....	46,614	54,238	57,348	68,723	74,602	83,729	85,871	93,354	0.031 +	0.205
GENDER										
Male.....	82,687	96,125	89,698	100,891	106,181	112,386	109,280	113,367	0.373	0.914
Female.....	39,936	45,663	44,679	50,187	53,357	58,181	58,256	59,316	0.704	0.822
RACE/ETHNICITY										
White.....	32,718	40,843	40,018	44,720	50,871	52,955	56,730	59,831	0.458	0.371
Black.....	68,706	76,984	73,417	77,986	82,260	84,558	78,018	75,889	0.396	0.176
Hispanic.....	12,713	13,373	11,502	17,740	16,760	21,209	20,460	23,727	0.042 +	0.176
Other race.....	561	890	541	800	824	819	709	850	0.338	0.863
Race unknown.....	8,724	10,788	10,323	11,187	10,371	12,472	12,846	14,599	0.121	0.222
FACILITY LOCATION										
Central city.....	74,678	78,825	79,677	84,543	78,502	82,459	77,177	79,823	0.158	0.311
Outside central city.....	18,915	21,722	20,457	21,805	19,931	23,477	21,225	19,944	0.365	0.023 -
National Panel.....	29,550	42,330	35,668	46,085	62,654	66,078	70,361	75,129	0.439	0.498
DRUG USE MOTIVE										
Recreational use.....	14,066	16,113	16,335	21,406	22,811	23,169	24,961	26,600	0.565	0.541
Dependence.....	77,892	91,265	86,749	95,107	99,154	105,388	99,252	103,351	0.307	0.776
Suicide.....	9,397	11,718	12,072	13,045	14,449	15,655	15,254	16,004	0.652	0.895
Other/unknown motive.....	22,068	23,782	20,644	22,876	24,673	27,802	29,297	28,940	0.926	0.820
REASONS FOR ED CONTACT										
Unexpected reaction.....	27,852	33,762	25,936	30,424	32,863	35,244	37,007	43,730	0.236	0.249
Overdose.....	18,991	22,191	21,251	22,784	24,249	25,949	25,504	27,794	0.202	0.638
Chronic effects.....	22,944	27,029	31,143	28,227	24,870	25,634	23,331	24,927	0.168	0.604
Seeking detox.....	31,801	35,687	33,565	42,161	47,842	49,181	43,111	49,528	0.050	0.957
Withdrawal.....	3,071	3,355	3,475	3,673	3,421	3,931	5,423	3,222	0.114	0.036 -
Other/unknown reason.....	18,764	20,854	20,432	25,163	27,842	32,075	34,387	25,695	0.006 -	0.038 -

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 23 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1995 - second half 2000

HEROIN/MORPHINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.***	35,500	35,339	35,198	38,648	35,352	36,658	38,553	39,092	38,565	45,843	48,856	48,431	0.832	0.340
AGE														
6-34.....	16,050	15,774	15,262	16,683	15,900	16,099	17,060	16,758	16,795	19,404	21,194	22,427	0.417	0.197
12-17.....	144	260	229	330	531	848	444	465	394	292	457	611	0.206	0.142
18-25.....	4,039	4,511	4,288	4,980	5,029	4,965	5,448	5,998	7,360	7,773	8,458	9,942	0.230	0.071
26-34.....	11,868	11,002	10,741	11,374	10,339	10,286	11,166	10,294	9,041	11,338	12,279	11,875	0.586	0.651
35+.....	19,408	19,512	19,884	21,908	19,401	20,513	21,439	22,274	21,726	26,378	27,544	25,874	0.157	0.735
GENDER														
Male.....	24,636	24,530	23,662	26,150	24,340	23,760	26,102	26,363	26,048	30,575	32,759	31,238	0.257	0.700
Female.....	10,297	10,482	11,187	12,233	10,793	12,495	12,012	12,574	12,308	14,850	15,401	15,943	0.512	0.243
RACE/ETHNICITY														
White.....	13,890	13,181	11,693	13,691	12,955	13,927	14,289	15,302	15,364	18,281	20,280	20,137	0.906	0.213
Black.....	13,520	13,733	13,753	14,634	13,667	12,906	14,070	13,776	13,292	15,434	16,071	15,059	0.291	0.729
Hispanic.....	4,596	5,242	5,715	6,052	4,188	5,046	5,740	5,779	5,515	6,343	7,274	7,755	0.527	0.253
Other race.....	221	145	286	191	432	232	428	215	169	272	139	240	0.164	0.829
Race unknown.....	3,272	3,038	3,752	4,079	4,109	4,547	4,026	4,021	4,226	5,513	5,093	5,240	0.786	0.653
FACILITY LOCATION														
Central city.....	20,219	20,708	21,773	23,016	21,317	21,941	21,849	22,720	22,096	25,031	26,835	25,629	0.239	0.621
Outside central city.....	5,409	5,689	5,856	5,149	4,545	5,133	5,260	5,492	5,044	5,358	5,483	6,063	0.032 +	0.327
National Panel.....	9,872	8,941	7,569	10,483	9,490	9,584	11,443	10,880	11,426	15,455	16,538	16,739	0.908	0.584
DRUG USE MOTIVE														
Recreational use.....	2,159	3,118	2,826	3,498	2,381	2,471	2,179	2,183	2,620	2,536	2,846	2,296	0.131	0.338
Dependence.....	28,539	27,012	27,945	29,349	28,160	28,844	30,662	31,565	30,639	37,500	39,516	40,924	0.467	0.187
Suicide.....	1,159	1,412	1,136	1,718	1,549	1,922	1,846	1,676	1,507	1,881	1,736	1,630	0.664	0.412
Other/unknown motive.....	3,643	3,796	3,290	4,083	3,262	3,420	3,866	3,668	3,800	3,927	4,758	3,581	0.016 -	0.350
REASONS FOR ED CONTACT														
Unexpected reaction.....	3,083	3,141	3,087	3,514	3,364	3,361	3,950	4,053	4,033	4,846	4,676	4,186	0.110	0.042 -
Overdose.....	7,116	8,808	7,085	8,097	7,506	7,967	7,839	7,867	7,564	9,082	8,847	8,152	0.292	0.261
Chronic effects.....	9,172	8,532	9,053	8,704	7,725	8,119	7,884	7,879	7,013	8,233	8,467	7,729	0.100	0.232
Seeking detox.....	8,465	7,870	9,127	9,998	9,737	10,087	10,630	11,404	12,216	14,588	17,479	18,981	0.404	0.066
Withdrawal.....	4,352	3,955	3,840	3,990	3,546	3,610	4,495	4,328	4,103	5,209	5,225	5,449	0.640	0.619
Other/unknown reason.....	3,312	3,033	3,007	4,345	3,474	3,513	3,755	3,561	3,636	3,885	4,162	3,934	0.597	0.925

... Estimate does not meet standard of precision.

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 24 - Estimated number of emergency department heroin/morphine mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1993-2000

HEROIN/MORPHINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.***	63,232	64,013	70,838	73,846	72,010	77,645	84,409	97,287	0.008 +	0.021 +
AGE										
6-34.....	29,506	30,497	31,824	31,946	31,999	33,818	36,199	43,621	0.042 +	0.108
12-17.....	280	507	404	559	1,379	909	686	1,067	0.311	0.666
18-25.....	8,019	8,370	8,550	9,268	9,994	11,446	15,132	18,400	0.033 +	0.070
26-34.....	21,203	21,618	22,869	22,115	20,625	21,460	20,380	24,154	0.061	0.191
35+.....	33,613	33,359	38,919	41,792	39,914	43,714	48,104	53,418	0.021 +	0.001 +
GENDER										
Male.....	44,672	44,000	49,166	49,812	48,099	52,464	56,624	63,998	0.010 +	0.024 +
Female.....	18,159	19,515	20,779	23,420	23,289	24,586	27,157	31,344	0.014 +	0.010 +
RACE/ETHNICITY										
White.....	23,027	23,383	27,071	25,384	26,883	29,591	33,645	40,417	0.004 +	0.022 +
Black.....	23,347	25,989	27,253	28,387	26,573	27,846	28,726	31,129	0.130	0.079
Hispanic.....	11,327	9,452	9,838	11,767	9,234	11,519	11,858	15,029	0.244	0.294
Other race.....	699	282	367	477	664	643	441	379	0.682	0.119
Race unknown.....	4,831	4,906	6,310	7,831	8,656	8,047	9,739	10,332	0.462	0.010 +
FACILITY LOCATION										
Central city.....	35,828	38,644	40,926	44,789	43,258	44,569	47,127	52,464	0.004 +	0.001 +
Outside central city.....	10,170	9,932	11,098	11,005	9,678	10,753	10,402	11,546	0.341	0.454
National Panel.....	17,146	15,437	18,813	18,052	19,074	22,323	26,880	33,277	0.138	0.179
DRUG USE MOTIVE										
Recreational use.....	5,337	4,154	5,277	6,324	4,852	4,361	5,156	5,142	0.980	0.238
Dependence.....	47,911	50,505	55,551	57,294	57,004	62,227	68,139	80,440	0.007 +	0.030 +
Suicide.....	2,115	2,282	2,571	2,854	3,471	3,522	3,388	3,366	0.959	0.726
Other/unknown motive.....	7,869	7,071	7,439	7,373	6,683	7,535	7,727	8,339	0.286	0.146
REASONS FOR ED CONTACT										
Unexpected reaction.....	6,848	6,306	6,224	6,600	6,725	8,003	8,880	8,862	0.965	0.093
Overdose.....	16,557	13,752	15,924	15,182	15,473	15,706	16,646	16,999	0.775	0.191
Chronic effects.....	14,280	16,532	17,704	17,756	15,845	15,763	15,247	16,196	0.123	0.496
Seeking detox.....	14,396	14,831	16,334	19,126	19,824	22,034	26,804	36,460	0.021 +	0.056
Withdrawal.....	5,559	6,933	8,308	7,829	7,156	8,823	9,312	10,674	0.149	0.061
Other/unknown reason.....	5,591	5,659	6,345	7,352	6,987	7,316	7,520	8,096	0.586	0.522

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 25 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1995 - second half 2000

MARIJUANA/HASHISH

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.**	24,277	20,994	24,892	28,897	32,402	32,343	37,883	38,987	43,109	44,041	49,041	47,405	0.677	0.493
AGE														
6-34.....	18,752	16,528	19,088	22,229	23,551	23,955	27,770	28,066	31,223	30,399	34,542	33,520	0.723	0.415
12-17.....	4,049	3,925	4,371	5,611	5,841	5,215	7,348	5,786	7,004	5,729	7,748	7,936	0.831	0.015 +
18-25.....	7,759	7,044	7,094	8,635	9,925	9,463	10,780	12,127	13,496	13,776	15,795	14,620	0.376	0.612
26-34.....	6,932	5,545	7,535	7,899	7,724	9,263	9,628	10,142	10,673	10,743	10,911	10,939	0.985	0.912
35+.....	5,504	4,374	5,779	6,617	8,692	8,351	10,068	10,729	11,847	13,606	14,451	13,824	0.633	0.877
GENDER														
Male.....	16,796	14,484	16,457	20,194	21,795	21,384	24,975	25,820	28,401	29,658	31,282	30,356	0.694	0.796
Female.....	7,082	6,135	8,317	8,383	10,326	10,702	12,361	12,928	14,374	13,900	17,033	16,305	0.699	0.309
RACE/ETHNICITY														
White.....	10,963	9,919	11,460	13,044	15,973	15,927	18,073	20,363	23,385	22,079	25,127	23,899	0.643	0.598
Black.....	9,253	7,657	8,748	10,204	10,331	10,789	12,380	12,071	12,107	13,506	13,630	12,824	0.408	0.493
Hispanic.....	2,085	1,656	2,917	3,382	3,417	3,263	4,202	3,464	3,799	5,267	5,790	5,946	0.822	0.414
Other race.....	166	235	142	242	304	220	242	255	303	413	320	283	0.727	0.319
Race unknown.....	1,810	1,527	1,624	2,024	2,376	2,143	2,985	2,834	3,515	2,775	4,174	4,453	0.714	0.007 +
FACILITY LOCATION														
Central city.....	9,760	9,482	10,354	10,573	11,058	11,833	12,692	12,418	12,859	13,793	14,274	14,087	0.693	0.639
Outside central city.....	5,448	4,768	5,508	5,758	6,559	6,589	8,361	8,083	8,262	7,557	8,977	8,853	0.761	0.019 +
National Panel.....	9,069	6,745	9,030	12,566	14,785	13,920	16,829	18,486	21,988	22,691	25,790	24,465	0.732	0.714
DRUG USE MOTIVE														
Recreational use.....	6,595	5,714	6,416	8,839	9,191	8,008	9,698	9,929	11,704	13,003	14,328	16,502	0.308	0.159
Dependence.....	9,799	8,345	9,573	11,454	11,727	12,212	13,084	13,689	15,031	14,731	16,287	14,484	0.052	0.779
Suicide.....	2,163	2,261	3,031	2,496	3,582	3,400	4,361	4,684	4,973	5,085	6,004	5,454	0.575	0.706
Other/unknown motive.....	5,719	4,674	5,872	6,107	7,902	8,722	10,740	10,685	11,401	11,222	12,423	10,965	0.400	0.922
REASONS FOR ED CONTACT														
Unexpected reaction.....	6,573	5,444	6,659	7,487	8,780	7,331	9,135	8,873	10,673	12,473	15,104	16,115	0.693	0.375
Overdose.....	3,917	3,826	4,838	5,014	5,831	5,132	7,005	7,213	7,579	9,120	9,460	9,274	0.873	0.913
Chronic effects.....	3,554	2,893	3,194	2,794	2,803	2,795	3,461	3,217	3,407	3,484	4,309	4,312	0.990	0.003 +
Seeking detox.....	3,911	3,255	3,560	4,201	5,085	5,837	5,447	6,347	5,561	6,347	7,883	6,228	0.029 -	0.856
Withdrawal.....	151	276	220	462	285	479	405	865	...	775	648	753	0.595	0.915
Other/unknown reason.....	6,171	5,302	6,422	8,939	9,617	10,768	12,429	12,470	14,333	11,842	11,637	10,723	0.353	0.413

... Estimate does not meet standard of precision.

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 26 - Estimated number of emergency department marijuana/hashish mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1993-2000

MARIJUANA/HASHISH

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.***	28,873	40,183	45,271	53,789	64,744	76,870	87,150	96,446	0.363	0.168
AGE										
6-34.....	23,081	31,860	35,280	41,317	47,506	55,836	61,622	68,062	0.391	0.203
12-17.....	4,247	6,539	7,974	9,982	11,056	13,135	12,734	15,683	0.105	0.265
18-25.....	9,545	13,860	14,803	15,729	19,388	22,907	27,272	30,415	0.352	0.088
26-34.....	9,278	11,452	12,477	15,434	16,986	19,770	21,416	21,850	0.875	0.555
35+.....	5,624	8,277	9,879	12,396	17,043	20,796	25,453	28,276	0.344	0.118
GENDER										
Male.....	20,241	28,053	31,280	36,651	43,179	50,796	58,059	61,638	0.569	0.209
Female.....	8,368	11,762	13,216	16,700	21,028	25,289	28,274	33,338	0.235	0.156
RACE/ETHNICITY										
White.....	13,483	18,882	20,882	24,505	31,900	38,436	45,464	49,026	0.643	0.271
Black.....	10,104	15,053	16,910	18,952	21,121	24,452	25,613	26,454	0.635	0.525
Hispanic.....	2,690	3,109	3,741	6,300	6,680	7,666	9,066	11,736	0.034 +	0.019 +
Other race.....	202	302	401	384	524	497	716	602	0.398	0.456
Race unknown.....	2,394	2,837	3,337	3,648	4,520	5,819	6,291	8,627	0.040 +	0.015 +
FACILITY LOCATION										
Central city.....	12,008	15,585	19,242	20,927	22,891	25,110	26,652	28,360	0.012 +	0.020 +
Outside central city.....	6,948	9,730	10,216	11,266	13,148	16,444	15,820	17,830	0.056	0.256
National Panel.....	9,905	14,868	15,814	21,596	28,705	35,316	44,679	50,255	0.582	0.286
DRUG USE MOTIVE										
Recreational use.....	7,339	10,515	12,310	15,255	17,199	19,628	24,707	30,829	0.181	0.123
Dependence.....	10,780	15,014	18,144	21,027	23,939	26,772	29,763	30,771	0.732	0.126
Suicide.....	2,367	3,934	4,425	5,527	6,982	9,045	10,058	11,458	0.519	0.340
Other/unknown motive.....	8,387	10,719	10,393	11,979	16,624	21,425	22,623	23,388	0.860	0.695
REASONS FOR ED CONTACT										
Unexpected reaction.....	8,846	11,484	12,017	14,146	16,111	18,008	23,146	31,219	0.279	0.142
Overdose.....	4,708	7,059	7,743	9,852	10,964	14,218	16,699	18,734	0.361	0.168
Chronic effects.....	2,553	4,185	6,447	5,988	5,598	6,679	6,891	8,621	0.004 +	0.001 +
Seeking detox.....	5,382	6,185	7,166	7,761	10,923	11,794	11,908	14,110	0.048 +	0.364
Withdrawal.....	360	612	427	682	764	1,271	...	1,401	...	0.809
Other/unknown reason.....	7,023	10,658	11,473	15,360	20,385	24,899	26,175	22,361	0.298	0.473

... Estimate does not meet standard of precision.

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 27 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: First half 1995 - second half 2000

METHAMPHETAMINE/SPEED

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000	p-value H1,H2, 00,00 ^{1,2}	p-value H2,H2, 99,00 ^{1,3}
TOTAL U.S.***	9,678	6,257	4,197	6,805	8,218	8,936	6,534	4,957	4,730	5,717	7,328	6,185	0.232	0.559
AGE														
6-34.....	7,116	4,592	3,278	4,550	5,797	6,654	4,593	3,659	3,300	3,821	5,198	3,846	0.086	0.967
12-17.....	1,085	353	318	710	...	949	795	...	248	560	775	345	0.048	0.362
18-25.....	2,785	2,003	1,704	2,024	2,149	2,569	1,847	1,635	1,536	1,753	2,030	1,682	0.315	0.845
26-34.....	3,246	2,236	1,256	1,748	2,787	3,137	1,951	1,738	1,516	1,472	2,392	1,818	0.254	0.298
35+.....	2,559	1,662	916	2,248	2,421	2,275	1,938	1,295	1,428	1,889	2,128	2,337	0.626	0.184
GENDER														
Male.....	6,147	4,177	2,501	4,628	5,266	6,127	4,016	2,793	2,741	3,313	4,537	3,852	0.281	0.324
Female.....	3,496	1,989	1,618	2,101	2,870	2,785	2,387	2,150	1,928	2,384	2,750	2,091	0.138	0.497
RACE/ETHNICITY														
White.....	6,141	4,119	2,521	4,258	5,638	6,164	4,983	3,471	3,158	4,022	4,576	4,024	0.462	0.998
Black.....	477	450	209	591	563	303	162	...	...	230	440	397	0.760	0.148
Hispanic.....	...	990	559	1,115	...	1,379	602	...	...	...	1,429	755	0.081	...
Other race.....	...	173	...	136	...	153	46	36	...	...	...	...	...	...
Race unknown.....	949	525	723	705	743	937	741	244	420	562	750	823	0.760	0.339
FACILITY LOCATION														
Central city.....	1,727	1,183	1,212	1,371	1,394	1,464	1,182	875	860	1,013	1,319	1,380	0.096	0.000 +
Outside central city.....	1,263	857	808	1,111	1,346	1,495	961	662	659	905	1,130	953	0.008	0.527
National Panel.....	6,689	4,217	2,177	4,322	5,478	5,976	4,390	3,420	3,211	3,799	4,879	3,852	0.281	0.947
DRUG USE MOTIVE														
Recreational use.....	2,135	1,336	1,447	1,656	1,899	2,174	1,559	1,263	1,069	1,133	1,760	1,374	0.297	0.413
Dependence.....	4,576	2,671	1,719	3,129	4,227	4,785	3,507	2,819	2,897	3,808	4,267	3,743	0.490	0.924
Suicide.....	535	563	279	520	693	705	524	281	300	223	419	293	0.425	0.522
Other/unknown motive.....	2,433	1,688	751	...	1,399	1,272	944	595	463	554	883	775	0.705	0.413
REASONS FOR ED CONTACT														
Unexpected reaction.....	3,019	2,149	1,708	2,495	3,580	3,091	1,964	2,146	1,250	1,619	1,490	1,614	0.762	0.986
Overdose.....	2,570	1,485	738	1,437	1,958	1,667	1,316	737	876	1,006	1,592	840	0.112	0.589
Chronic effects.....	1,639	1,239	772	1,136	1,063	1,291	1,036	550	629	652	1,205	1,318	0.697	0.009 +
Seeking detox.....	810	288	319	575	489	671	884	402	587	...	...	...	...	...
Withdrawal.....	...	...	...	189	67	...	...	...	...	...	...	...	...	...
Other/unknown reason.....	972	844	572	973	1,062	1,905	968	947	...	...	...	...	...	...

... Estimate does not meet standard of precision.

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

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

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

³ This column compares the second half of 1999 to the second half of 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 28 - Estimated number of emergency department methamphetamine/speed mentions, by age, gender, race/ethnicity, hospital location, drug use motive, and reason for emergency department contact: 1993-2000

METHAMPHETAMINE/SPEED

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000	p-value 1999, 2000 ^{1,2}	p-value 1998, 2000 ^{1,3}
TOTAL U.S.***	9,926	17,665	15,936	11,002	17,154	11,491	10,447	13,513	0.014 +	0.134
AGE										
6-34.....	7,731	13,335	11,709	7,828	12,451	8,252	7,121	9,044	0.033 +	0.391
12-17.....	663	1,968	1,438	1,028	1,810	1,081	808	1,120	0.350	0.935
18-25.....	3,425	5,494	4,788	3,728	4,718	3,482	3,289	3,711	0.419	0.680
26-34.....	3,642	5,870	5,482	3,004	5,924	3,689	2,988	4,211	0.038 +	0.428
35+.....	2,182	4,318	4,221	3,165	4,696	3,233	3,316	4,464	0.017 +	0.032 +
GENDER										
Male.....	6,747	11,394	10,324	7,129	11,393	6,809	6,054	8,389	0.008 +	0.086
Female.....	3,073	6,210	5,485	3,719	5,654	4,536	4,312	4,841	0.419	0.621
RACE/ETHNICITY										
White.....	7,070	12,374	10,260	6,779	11,802	8,454	7,180	8,600	0.134	0.870
Black.....	347	982	927	800	866	490	...	837	...	0.035 +
Hispanic.....	1,343	2,606	2,865	1,674	2,553	...	1,489	2,185	0.069	...
Other race.....	77	114	409	321	253	82	...	318	...	0.135
Race unknown.....	1,088	1,590	1,474	1,428	1,680	985	982	1,573	0.077	0.071
FACILITY LOCATION										
Central city.....	2,509	3,072	2,910	2,584	2,858	2,057	1,873	2,699	0.000 +	0.000 +
Outside central city.....	1,789	2,348	2,120	1,919	2,842	1,623	1,564	2,084	0.000 +	0.003 +
National Panel.....	5,628	12,245	10,906	6,499	11,454	7,810	7,010	8,731	0.162	0.490
DRUG USE MOTIVE										
Recreational use.....	2,691	4,243	3,471	3,104	4,073	2,822	2,202	3,134	0.056	0.642
Dependence.....	3,498	7,123	7,247	4,848	9,012	6,326	6,705	8,010	0.186	0.199
Suicide.....	865	922	1,098	799	1,398	805	523	711	0.250	0.670
Other/unknown motive.....	2,872	...	4,120	2,251	2,671	1,538	1,017	1,658	0.134	0.685
REASONS FOR ED CONTACT										
Unexpected reaction.....	3,689	6,359	5,168	4,202	6,671	4,110	2,869	3,104	0.601	0.368
Overdose.....	2,844	4,454	4,055	2,175	3,625	2,052	1,883	2,432	0.243	0.522
Chronic effects.....	1,310	2,551	2,879	1,908	2,354	1,585	1,281	2,522	0.001 +	0.000 +
Seeking detox.....	839	1,375	1,098	894	1,161	1,287	1,190	...	...	...
Withdrawal.....	130	...	...	277	378	...	...	...	...	...
Other/unknown reason.....	1,114	2,292	1,816	1,546	2,966	1,915	...	...	...	...

... Estimate does not meet standard of precision.

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

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

² This column compares 1999 to 2000.

³ This column compares 1998 to 2000.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 29 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by half year: First half 1995 - second half 2000

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
DRUG EPISODES.....	116.7	104.1	107.3	111.3	111.8	109.8	113.3	112.1	114.8	113.4	123.6	119.8
DRUG MENTIONS.....	203.4	184.0	188.9	196.8	199.5	197.3	205.0	203.2	210.3	207.2	226.1	219.0
Alcohol-in-combination.....	37.3	34.4	34.3	36.3	35.9	36.4	37.9	38.9	42.1	38.6	41.0	41.7
Cocaine.....	31.5	26.8	30.5	34.3	33.2	34.5	35.7	35.7	32.8	36.6	34.6	36.1
Heroin/morphine.....	15.3	15.1	15.0	16.4	14.9	15.4	16.1	16.2	15.9	18.8	19.9	19.4
Acetaminophen.....	8.1	7.6	8.6	7.6	7.8	7.1	7.2	6.2	6.0	5.6	7.3	6.3
Aspirin.....	3.7	3.5	3.7	3.1	3.2	3.0	3.1	3.3	2.8	2.5	3.4	2.9
Ibuprofen.....	4.6	4.6	3.7	3.6	3.6	3.6	3.7	3.5	3.1	2.8	3.8	3.4
Alprazolam.....	3.9	3.4	3.8	3.3	3.7	3.7	3.8	3.6	4.1	4.3	4.4	4.6
Marijuana/hashish.....	10.5	9.0	10.6	12.2	13.7	13.6	15.8	16.1	17.8	18.1	20.0	19.0
Diazepam.....	3.2	2.9	2.8	3.0	2.9	2.7	2.4	2.9	2.1	2.6	2.7	2.2
Amitriptyline.....	2.1	1.7	2.3	1.5	1.8	1.7	1.5	1.3	1.0	1.3	1.4	1.2
Acetamin./codeine.....	1.5	1.5	1.2	1.2	1.5	1.3	1.0	1.1	0.8	0.8	0.9	0.7
OTC sleep aids.....	1.4	1.5	1.8	1.4	1.4	1.1	1.3	1.1	1.1	1.0	1.6	1.1
Lorazepam.....	2.6	2.2	2.3	2.0	2.3	2.2	2.3	2.0	2.5	1.9	2.4	1.9
d-Propoxyphene.....	1.6	1.4	1.5	1.4	1.4	1.8	1.6	1.2	1.5	1.0	1.4	1.2
Fluoxetine.....	2.0	2.0	2.2	1.9	2.3	2.1	2.2	1.8	2.3	1.6	1.6	1.6
Diphenhydramine.....	2.1	1.6	1.9	2.1	2.0	1.7	1.4	1.1	1.1	1.2	1.2	1.4
Methamphetamine/speed.....	4.2	2.7	1.8	2.9	3.5	3.7	2.7	2.1	2.0	2.3	3.0	2.5
Oxycodone.....	0.8	0.7	0.6	0.7	0.9	1.1	1.0	1.2	1.3	1.4	2.2	2.2
PCP/PCP combinations.....	1.4	1.3	0.8	0.8	0.9	0.8	0.9	0.8	0.9	1.2	1.3	1.3
Lithium carbonate.....	1.7	1.2	1.1	0.9	1.2	0.9	0.8	0.7	1.0	0.6	0.7	0.8
Clonazepam.....	2.8	2.8	2.9	2.8	3.1	3.0	3.7	3.6	3.6	3.2	3.9	3.4
Hydantoin.....	0.9	0.7	0.7	0.6	0.6	0.4	0.6	0.6	0.7	0.5	0.5	0.5
Hydrocodone.....	2.0	1.9	2.4	2.0	2.2	2.3	2.4	2.8	2.6	3.4	4.0	3.8
LSD.....	1.1	1.3	1.1	0.9	1.5	0.6	0.7	1.3	1.0	1.1	0.9	0.7
Triazolam.....	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Phenobarbital.....	0.6	0.7	0.5	0.5	0.4	0.3	0.5	0.5	0.4	0.3	0.4	0.3
Doxepin.....	0.7	0.5	0.5	0.6	0.6	0.3	0.4	0.3	0.3	0.3	0.2	0.2
Cyclobenzaprine.....	0.6	0.7	0.7	0.8	0.7	0.9	0.6	0.6	0.6	0.5	0.8	0.8
Haloperidol.....	0.7	0.5	0.5	0.9	0.5	0.5	0.4	0.5	0.3	0.2	0.2	0.3
Amphetamine.....	2.4	1.6	1.5	2.5	1.9	2.4	2.2	2.7	2.3	2.6	3.3	3.3
Trazodone.....	2.1	2.0	2.0	1.9	1.8	1.9	2.1	1.9	2.2	1.8	2.2	1.7
Carisoprodol.....	1.9	1.4	1.6	1.5	1.2	1.3	1.8	1.7	1.8	1.8	2.0	1.8
Naproxen.....	1.0	1.2	1.0	0.9	1.1	1.1	1.2	1.1	1.1	0.8	1.0	1.0
Imipramine.....	0.7	0.4	0.3	0.5	0.3	0.2	0.2	0.1	0.2	0.1	0.1	0.1
Carbamazepine.....	0.8	0.7	0.8	0.8	0.7	0.8	0.6	0.8	0.8	0.5	0.5	0.5
Thioridazine.....	0.7	0.4	0.5	0.4	0.3	0.4	0.3	0.2	0.1	0.1	0.2	0.1
TOTAL ED VISITS**.....	18,974.6	19,085.0	19,323.4	19,432.4	18,691.4	19,020.3	18,459.7	18,792.2	18,716.4	18,745.4	19,487.9	19,401.3

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 30 - Estimated rate of emergency department drug episodes, drug mentions, mentions of selected drugs, and total visits per 100,000 population for total coterminous U.S. by year: 1993-2000

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
DRUG EPISODES.....	201.3	225.2	220.8	218.6	221.5	225.4	228.2	243.4
DRUG MENTIONS.....	347.9	391.0	387.4	385.7	396.8	408.3	417.5	445.1
Alcohol-in-combination.....	62.7	69.8	71.7	70.6	72.3	76.8	80.7	82.7
Cocaine.....	53.9	62.0	58.4	64.8	67.7	71.5	69.4	70.7
Heroin/morphine.....	27.6	27.8	30.4	31.4	30.3	32.3	34.7	39.3
Acetaminophen.....	14.9	16.8	15.7	16.3	14.9	13.4	11.6	13.6
Aspirin.....	8.3	8.4	7.2	6.7	6.1	6.4	5.3	6.3
Ibuprofen.....	7.7	8.3	9.1	7.2	7.2	7.1	5.9	7.2
Alprazolam.....	7.4	7.5	7.3	7.1	7.3	7.4	8.4	8.9
Marijuana/hashish.....	12.6	17.5	19.5	22.9	27.2	31.9	35.8	39.0
Diazepam.....	5.4	5.9	6.1	5.8	5.6	5.3	4.7	4.9
Amitriptyline.....	4.3	4.9	3.8	3.8	3.5	2.8	2.4	2.6
Acetamin./codeine.....	3.3	3.0	2.9	2.5	2.8	2.1	1.5	1.6
OTC sleep aids.....	2.3	3.0	2.9	3.2	2.6	2.4	2.1	2.7
Lorazepam.....	4.5	5.3	4.8	4.3	4.5	4.3	4.4	4.3
d-Propoxyphene.....	3.5	3.2	3.0	2.9	3.2	2.9	2.6	2.6
Fluoxetine.....	3.3	4.0	4.1	4.1	4.4	4.1	3.9	3.2
Diphenhydramine.....	3.2	4.1	3.7	4.0	3.7	2.5	2.2	2.5
Methamphetamine/speed.....	4.3	7.7	6.8	4.7	7.2	4.8	4.3	5.5
Oxycodone.....	1.5	1.8	1.5	1.4	2.0	2.2	2.6	4.4
PCP/PCP combinations.....	2.9	2.6	2.7	1.7	1.8	1.7	2.0	2.7
Lithium carbonate.....	2.3	2.6	2.9	2.0	2.0	1.4	1.6	1.5
Clonazepam.....	4.4	5.3	5.5	5.7	6.1	7.2	6.8	7.3
Hydantoin.....	1.5	1.4	1.5	1.2	1.0	1.2	1.2	0.9
Hydrocodone.....	2.7	3.7	3.9	4.5	4.5	5.2	6.0	7.8
LSD.....	1.5	2.2	2.4	1.9	2.2	2.1	2.1	1.6
Triazolam.....	0.6	0.4	0.3	0.3	0.1	0.2	0.2	0.1
Phenobarbital.....	1.3	1.1	1.2	1.0	0.8	1.1	0.6	0.7
Doxepin.....	1.5	1.9	1.2	1.0	0.9	0.6	0.6	0.5
Cyclobenzaprine.....	1.2	1.4	1.3	1.5	1.5	1.2	1.1	1.6
Haloperidol.....	1.4	1.3	1.2	1.4	1.0	0.9	0.5	0.5
Amphetamine.....	2.4	4.2	4.0	4.0	4.3	4.9	4.9	6.5
Trazodone.....	2.5	3.2	4.1	3.9	3.7	4.0	4.1	4.0
Carisoprodol.....	2.9	2.9	3.3	3.1	2.6	3.5	3.6	3.8
Naproxen.....	1.4	1.9	2.3	1.9	2.2	2.3	1.9	2.1
Imipramine.....	1.4	1.2	1.1	0.8	0.6	0.3	0.3	0.2
Carbamazepine.....	2.1	1.7	1.6	1.6	1.5	1.3	1.3	0.9
Thioridazine.....	1.3	1.4	1.1	1.0	0.7	0.5	0.2	0.3
TOTAL ED VISITS**.....	38,274.9	38,923.9	38,059.9	38,756.1	37,712.6	37,252.9	37,461.8	38,888.5

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 31 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

DRUG EPISODES

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.....	117	104	107	111	112	110	113	112	115	113	124	120
Atlanta.....	214	201	170	179	148	146	202	188	177	191	195	200
Baltimore.....	372	341	344	362	290	267	279	314	305	300	243	240
Boston.....	244	206	197	177	175	160	183	187	156	157	192	201
Buffalo.....	148	148	198	189	168	132	135	148	128	155	147	151
Chicago.....	206	178	191	217	221	241	219	226	211	229	245	257
Dallas.....	112	109	105	103	121	136	149	146	127	127	140	132
Denver.....	162	140	116	106	135	143	129	130	142	160	156	150
Detroit.....	257	194	255	244	223	195	199	210	190	184	197	191
Los Angeles - Long Beach.....	123	112	122	122	106	100	96	106	117	126	151	141
Miami - Hialeah.....	179	172	167	173	173	162	168	171	178	194	214	225
Minneapolis - St. Paul.....	97	91	103	106	110	103	95	89	101	93	105	109
New Orleans.....	226	279	248	250	220	219	231	193	192	175	187	191
New York.....	260	244	257	237	230	219	216	215	180	183	183	187
Newark.....	314	312	301	263	235	266	258	240	225	231	217	202
Philadelphia.....	227	221	230	237	245	251	268	258	258	252	240	242
Phoenix.....	212	188	192	180	186	177	184	162	198	204	212	221
St. Louis.....	134	112	130	136	121	120	121	120	134	130	152	131
San Diego.....	102	100	125	124	131	155	151	142	135	157	151	139
San Francisco.....	330	329	307	305	295	303	289	280	263	292	257	224
Seattle.....	242	215	233	217	269	288	241	192	203	231	292	271
Washington, DC.....	172	147	159	154	150	146	156	146	130	136	132	131
National Panel.....	83	72	74	80	83	81	85	84	91	87	98	94

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 32 - Estimated rate of emergency department drug episodes per 100,000 population, by metropolitan area by year: 1993-2000

DRUG EPISODES

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.	201	225	221	219	222	225	228	243
Atlanta.....	295	411	416	349	294	390	368	394
Baltimore.....	610	715	712	705	556	592	605	483
Boston.....	359	430	449	375	335	370	313	393
Buffalo.....	279	323	296	387	300	283	283	297
Chicago.....	320	381	384	409	462	445	440	502
Dallas.....	203	220	221	208	257	295	254	272
Denver.....	252	333	302	222	278	259	303	306
Detroit.....	472	420	452	499	417	409	374	388
Los Angeles - Long Beach.....	255	237	235	245	205	202	242	292
Miami - Hialeah.....	310	323	351	340	336	339	372	439
Minneapolis - St. Paul.....	201	203	189	208	212	184	194	214
New Orleans.....	358	412	505	497	438	424	367	378
New York.....	566	538	504	494	448	432	362	371
Newark.....	540	547	626	564	500	497	457	419
Philadelphia.....	439	391	448	467	496	526	510	482
Phoenix.....	304	351	400	372	363	346	402	433
St. Louis.....	178	265	246	266	241	240	264	283
San Diego.....	232	220	201	249	286	293	292	290
San Francisco.....	775	771	659	612	598	569	555	480
Seattle.....	396	545	457	450	556	433	434	563
Washington, DC.....	338	386	319	313	295	303	266	262
National Panel.....	135	160	155	154	164	170	178	192

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 33 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

DRUG MENTIONS

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.....	203	184	189	197	200	197	205	203	210	207	226	219
Atlanta.....	433	406	340	370	300	296	388	348	336	367	384	395
Baltimore.....	633	577	574	621	502	461	470	545	536	522	407	428
Boston.....	455	387	365	325	323	291	332	342	283	287	333	349
Buffalo.....	263	269	372	350	316	248	248	273	232	282	268	283
Chicago.....	362	313	343	394	417	451	405	417	385	420	444	474
Dallas.....	205	203	199	185	224	250	280	270	236	230	255	245
Denver.....	294	246	199	184	236	247	225	230	239	278	271	259
Detroit.....	473	356	481	454	409	361	376	387	362	340	379	368
Los Angeles - Long Beach.....	212	196	208	217	185	170	163	190	208	225	271	249
Miami - Hialeah.....	282	269	263	273	283	265	279	288	301	334	370	394
Minneapolis - St. Paul.....	188	176	198	197	209	191	181	163	188	187	208	208
New Orleans.....	435	523	469	471	403	415	430	374	378	356	365	379
New York.....	389	383	413	389	370	359	346	351	296	302	306	306
Newark.....	550	561	568	458	397	449	439	405	383	386	369	338
Philadelphia.....	410	398	414	424	450	465	489	474	478	477	453	460
Phoenix.....	357	311	328	299	316	312	314	288	341	342	357	379
St. Louis.....	248	203	234	241	212	227	224	226	247	240	292	254
San Diego.....	181	172	217	219	233	270	266	245	234	267	245	232
San Francisco.....	508	500	457	455	421	436	402	384	367	423	390	355
Seattle.....	405	353	378	351	459	498	406	318	331	382	491	471
Washington, DC.....	294	243	266	263	251	249	257	241	217	221	206	207
National Panel.....	146	130	130	143	151	148	159	157	172	163	184	175

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 34 - Estimated rate of emergency department drug mentions per 100,000 population, by metropolitan area by year: 1993-2000

DRUG MENTIONS

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.....	348	391	387	386	397	408	418	445
Atlanta.....	564	811	839	710	596	736	703	779
Baltimore.....	1,050	1,212	1,210	1,194	963	1,016	1,058	835
Boston.....	655	797	842	690	614	674	569	682
Buffalo.....	485	559	532	721	564	520	514	551
Chicago.....	559	661	675	737	868	822	806	918
Dallas.....	370	399	408	384	474	550	466	500
Denver.....	424	558	539	383	483	455	517	530
Detroit.....	880	753	828	935	770	763	701	747
Los Angeles - Long Beach.....	440	409	407	425	355	353	433	519
Miami - Hialeah.....	483	518	551	536	548	567	634	763
Minneapolis - St. Paul.....	387	397	363	395	400	344	375	417
New Orleans.....	719	822	958	939	818	804	734	743
New York.....	820	801	771	802	728	697	598	612
Newark.....	933	963	1,112	1,026	846	844	769	707
Philadelphia.....	776	700	807	838	916	963	955	912
Phoenix.....	514	591	668	627	627	602	682	737
St. Louis.....	301	484	451	475	439	450	487	546
San Diego.....	395	379	353	436	503	511	501	477
San Francisco.....	1,155	1,152	1,008	912	856	786	790	744
Seattle.....	661	931	757	729	957	724	714	962
Washington, DC.....	594	687	537	529	501	498	438	413
National Panel.....	239	282	276	273	299	316	335	359

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 35 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

COCAINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.	32	27	31	34	33	35	36	36	33	37	35	36
Atlanta.....	128	117	100	102	82	74	114	104	89	100	101	120
Baltimore.....	210	174	178	198	141	132	137	159	148	148	100	108
Boston.....	83	65	60	54	46	46	56	67	46	49	50	58
Buffalo.....	67	79	118	120	95	68	65	65	52	65	45	60
Chicago.....	106	82	100	120	122	125	117	114	104	122	122	124
Dallas.....	32	30	29	29	34	40	52	54	41	45	45	43
Denver.....	43	32	26	26	32	37	32	41	41	45	42	41
Detroit.....	132	81	126	124	107	85	98	104	88	91	93	87
Los Angeles - Long Beach.....	33	28	33	36	28	29	31	37	37	42	54	51
Miami - Hialeah.....	85	83	81	87	88	86	94	94	98	112	110	114
Minneapolis - St. Paul.....	10	10	13	16	15	16	17	16	17	17	17	18
New Orleans.....	74	99	92	110	99	100	109	91	89	87	77	85
New York.....	123	121	136	128	124	120	120	114	88	87	81	85
Newark.....	134	135	135	117	92	109	106	102	86	86	79	68
Philadelphia.....	107	101	107	118	116	124	140	135	130	130	110	106
Phoenix.....	34	25	33	37	34	33	37	36	42	49	41	44
St. Louis.....	48	32	38	42	30	33	43	44	49	48	52	47
San Diego.....	14	14	17	21	17	19	19	21	18	27	20	21
San Francisco.....	84	82	74	74	63	63	57	58	48	72	66	60
Seattle.....	65	51	60	54	67	83	66	59	56	74	81	88
Washington, DC.....	55	41	52	51	42	43	50	48	38	43	35	37
National Panel.....	12	10	11	16	17	19	19	19	19	22	20	22

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 36 - Estimated rate of emergency department cocaine mentions per 100,000 population, by metropolitan area by year: 1993-2000

COCAINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.....	54	62	58	65	68	72	69	71
Atlanta.....	167	234	245	202	156	218	189	221
Baltimore.....	346	400	384	376	273	296	296	208
Boston.....	111	133	147	114	91	123	96	108
Buffalo.....	108	133	146	238	163	129	117	104
Chicago.....	154	192	188	220	247	232	225	246
Dallas.....	58	61	62	58	74	106	86	87
Denver.....	65	86	75	53	69	73	87	83
Detroit.....	222	195	212	250	192	202	178	179
Los Angeles - Long Beach.....	66	62	61	69	56	68	79	105
Miami - Hialeah.....	148	151	168	168	174	187	210	225
Minneapolis - St. Paul.....	20	25	20	29	31	33	34	35
New Orleans.....	147	164	174	203	199	199	176	162
New York.....	265	252	244	264	244	233	175	166
Newark.....	224	246	268	253	201	208	172	147
Philadelphia.....	221	186	208	224	239	275	260	216
Phoenix.....	43	55	59	69	66	73	91	85
St. Louis.....	54	102	80	80	64	87	97	98
San Diego.....	38	29	28	39	36	41	44	41
San Francisco.....	200	205	166	149	126	116	120	126
Seattle.....	96	157	116	114	150	125	130	169
Washington, DC.....	117	132	96	104	85	97	81	72
National Panel.....	18	26	21	27	37	38	40	42

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 37 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

HEROIN/MORPHINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.	15	15	15	16	15	15	16	16	16	19	20	19
Atlanta.....	8	8	8	7	7	8	8	9	7	8	9	9
Baltimore.....	189	178	175	183	133	124	131	159	150	149	123	105
Boston.....	45	38	37	39	35	34	37	38	37	40	49	54
Buffalo.....	17	25	24	24	22	28	24	33	26	29	38	33
Chicago.....	40	44	46	63	68	80	77	82	79	85	103	105
Dallas.....	6	5	7	8	11	11	11	10	9	10	11	9
Denver.....	15	16	13	9	12	18	16	16	20	21	21	22
Detroit.....	33	26	39	38	38	35	34	34	30	33	39	38
Los Angeles - Long Beach.....	17	20	21	19	16	14	15	17	17	18	21	16
Miami - Hialeah.....	10	9	9	12	15	17	19	21	24	24	36	39
Minneapolis - St. Paul.....	2	3	2	3	4	4	4	4	4	5	4	6
New Orleans.....	9	14	12	15	19	18	22	22	24	31	39	42
New York.....	66	67	70	67	59	55	55	55	49	61	63	65
Newark.....	156	172	170	137	105	141	144	139	127	133	125	113
Philadelphia.....	41	44	42	43	37	44	35	40	41	46	47	50
Phoenix.....	12	13	15	17	21	21	23	21	20	23	22	21
St. Louis.....	9	8	11	11	11	9	13	14	17	19	24	22
San Diego.....	13	17	24	18	18	22	21	22	22	25	25	19
San Francisco.....	98	106	102	101	91	84	84	65	76	115	93	77
Seattle.....	51	58	66	63	74	80	67	60	61	67	73	55
Washington, DC.....	18	17	19	22	22	23	28	28	23	24	25	25
National Panel.....	6	5	5	6	6	6	7	6	7	9	9	9

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 38 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population, by metropolitan area by year: 1993-2000

HEROIN/MORPHINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.....	28	28	30	31	30	32	35	39
Atlanta.....	10	17	16	15	15	18	16	18
Baltimore.....	259	338	367	358	256	290	299	227
Boston.....	66	71	83	76	69	75	77	103
Buffalo.....	31	39	42	48	50	57	55	70
Chicago.....	64	85	83	109	148	159	164	208
Dallas.....	13	10	12	15	21	21	18	20
Denver.....	18	33	31	22	31	32	41	42
Detroit.....	59	52	58	77	72	68	62	77
Los Angeles - Long Beach.....	46	36	38	40	30	31	35	37
Miami - Hialeah.....	14	15	18	21	32	41	48	75
Minneapolis - St. Paul.....	6	3	5	6	7	8	9	10
New Orleans.....	12	17	24	26	36	44	55	81
New York.....	142	140	133	136	115	110	110	128
Newark.....	265	262	328	307	246	282	260	238
Philadelphia.....	55	54	85	85	82	76	87	97
Phoenix.....	25	25	25	32	41	44	43	43
St. Louis.....	10	18	17	22	20	27	37	46
San Diego.....	37	30	30	42	39	42	46	44
San Francisco.....	243	233	204	203	175	150	191	170
Seattle.....	94	113	109	130	154	127	128	128
Washington, DC.....	39	34	35	41	45	55	46	50
National Panel.....	10	9	11	11	11	13	15	19

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 39 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

MARIJUANA/HASHISH

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

...Estimate does not meet standard of precision.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 40 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population, by metropolitan area by year: 1993-2000

MARIJUANA/HASHISH

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.	13	18	20	23	27	32	36	39
Atlanta.....	32	58	63	58	58	96	91	86
Baltimore.....	28	35	42	53	61	65	72	68
Boston.....	34	53	67	59	48	79	53	78
Buffalo.....	15	25	32	55	50	48	51	57
Chicago.....	24	39	51	61	76	85	77	89
Dallas.....	16	20	24	23	38	62	48	49
Denver.....	14	27	33	19	32	37	43	51
Detroit.....	67	70	94	101	89	102	95	99
Los Angeles - Long Beach.....	22	20	21	26	25	41	64	67
Miami - Hialeah.....	26	39	53	55	55	59	67	91
Minneapolis - St. Paul.....	17	21	20	23	26	21	26	33
New Orleans.....	53	77	88	106	113	100	86	87
New York.....	26	32	37	44	46	44	41	41
Newark.....	26	37	43	36	28	30	29	29
Philadelphia.....	43	46	67	74	97	112	114	101
Phoenix.....	12	23	24	31	37	36	50	51
St. Louis.....	7	40	37	40	47	56	68	72
San Diego.....	21	22	21	27	41	47	38	39
San Francisco.....	30	31	33	27	25	25	29	38
Seattle.....	22	47	53	48	87	49	42	72
Washington, DC.....	58	74	55	58	63	62	65	64
National Panel.....	6	9	9	13	17	20	25	28

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 41 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

METHAMPHETAMINE/SPEED

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.	4	3	2	3	4	4	3	2	2	2	3	3
Atlanta.....	2	3	2	4	3	5	3	2	1	2	2	2
Baltimore.....	0	0	0	0	0	0	...	0	0	0	0	0
Boston.....	...	0	...	...	0	0	0	0	0	...	0	...
Buffalo.....	0	...	1	0	1	...	0	1	1	0	1	0
Chicago.....	1	0	0	0	0	0	0	0	0	0	0	...
Dallas.....	5	3	2	3	3	3	5	3	2	2	3	2
Denver.....	7	5	3	4	10	9	4	3	2	5	4	3
Detroit.....	...	...	0	...	...	0	0	0	0	...	0	...
Los Angeles - Long Beach.....	10	6	7	8	7	8	5	4	5	6	8	8
Miami - Hialeah.....	0	0	0	0	0	0	0	1	...	0	0	0
Minneapolis - St. Paul.....	3	2	2	3	5	...	3	2	2	2	3	4
New Orleans.....	1	1	1	1	1	1	1	1	1	1	1	1
New York.....	0	...	0	0	0	...	0	0	0	0	0	0
Newark.....	...	0	0	...	0	...	...	0	...	...	...	0
Philadelphia.....	1	1	0	1	1	1	0	1	0	1	...	1
Phoenix.....	23	16	20	16	23	17	14	7	7	9	13	16
St. Louis.....	3	1	...	1	1	2	1	...	2	3	4	2
San Diego.....	18	12	12	16	18	24	18	13	11	13	17	14
San Francisco.....	40	31	26	34	31	33	24	15	16	19	17	20
Seattle.....	10	4	4	7	11	14	8	6	8	10	16	12
Washington, DC.....	...	0	...	0	...	...	0	0	...	1	...	1
National Panel.....	4	3	1	3	3	4	3	2	2	2	3	2

... Estimate does not meet standard of precision.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 42 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population, by metropolitan area by year: 1993-2000

METHAMPHETAMINE/SPEED

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.	4	8	7	5	7	5	4	6
Atlanta.....	2	4	6	5	8	6	3	4
Baltimore.....	0	0	0	0	0	0	0	0
Boston.....	0	0	0	...	0	0	0	0
Buffalo.....	1	1	1	1	1	1	1	1
Chicago.....	0	0	1	1	1	1	0	0
Dallas.....	3	7	9	5	7	8	4	5
Denver.....	4	10	12	7	19	8	6	7
Detroit.....	1	0	0	...	...	0	...	...
Los Angeles - Long Beach.....	15	17	16	15	15	9	11	16
Miami - Hialeah.....	0	0	0	1	1	1	1	1
Minneapolis - St. Paul.....	2	3	4	5	9	5	5	6
New Orleans.....	1	1	2	2	2	2	2	2
New York.....	0	0	0	0	0	0	0	0
Newark.....	0	...	...	...	...	...	0	0
Philadelphia.....	2	2	2	1	2	1	1	1
Phoenix.....	25	42	39	36	40	22	17	29
St. Louis.....	1	2	3	2	3	3	4	7
San Diego.....	41	40	30	29	41	30	24	31
San Francisco.....	65	82	72	60	64	39	34	36
Seattle.....	10	16	14	10	25	14	18	27
Washington, DC.....	1	1	1	0	...	0	1	2
National Panel.....	3	7	7	4	7	5	4	5

... Estimate does not meet standard of precision.

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 43 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by half year: First half 1995 - second half 2000

TOTAL ED VISITS**

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.	18,975	19,085	19,323	19,432	18,691	19,020	18,460	18,792	18,716	18,745	19,488	19,401
Atlanta.....	20,523	21,915	21,028	20,769	18,710	19,595	18,638	18,914	18,211	18,780	17,133	17,120
Baltimore.....	18,530	18,835	18,999	19,153	18,966	19,134	20,035	20,128	20,968	20,452	20,494	20,586
Boston.....	22,348	22,423	23,143	24,265	21,517	21,412	20,905	21,224	20,125	20,565	21,040	20,749
Buffalo.....	16,356	16,421	15,715	16,002	14,096	14,498	13,460	15,166	14,922	15,102	13,509	13,564
Chicago.....	19,247	19,664	19,081	19,189	18,447	19,298	17,863	18,499	18,256	18,813	18,627	18,706
Dallas.....	17,608	18,014	17,478	17,455	18,636	18,080	18,994	18,483	18,409	18,353	21,136	19,521
Denver.....	14,951	15,476	14,967	13,962	13,875	14,241	13,479	13,518	15,678	17,074	16,388	16,228
Detroit.....	18,264	18,402	17,928	18,884	17,320	17,006	16,997	17,209	17,258	17,073	16,647	16,953
Los Angeles - Long Beach.....	13,619	13,654	14,243	13,931	12,791	13,888	12,138	13,174	13,296	13,723	14,965	14,995
Miami - Hialeah.....	16,955	17,034	17,221	16,909	17,590	18,056	18,745	18,181	18,454	18,365	18,961	18,978
Minneapolis - St. Paul.....	14,671	15,058	14,939	14,827	14,347	14,783	13,963	13,955	14,309	15,094	15,199	15,341
New Orleans.....	24,773	24,708	25,349	25,960	24,074	24,405	24,108	22,719	24,623	23,582	25,237	23,974
New York.....	19,800	19,668	22,413	21,854	21,014	20,450	20,025	21,416	20,198	20,294	21,489	21,331
Newark.....	20,059	20,387	18,969	19,776	18,136	18,394	18,942	19,794	19,960	19,640	20,665	20,691
Philadelphia.....	18,133	18,060	17,791	17,994	17,280	17,697	17,481	18,201	17,662	18,084	17,746	17,976
Phoenix.....	17,664	17,765	19,294	17,314	17,270	16,889	18,253	16,852	18,667	18,456	20,549	20,410
St. Louis.....	19,187	18,614	19,184	18,668	17,433	18,342	17,774	16,653	18,452	18,009	19,342	18,237
San Diego.....	10,534	11,210	12,488	12,110	12,362	12,445	12,516	13,089	13,194	14,094	13,192	12,967
San Francisco.....	15,482	15,730	16,199	15,531	15,182	15,220	16,108	16,094	17,057	17,602	15,412	15,335
Seattle.....	14,984	15,578	16,465	15,329	14,919	15,656	14,527	14,062	14,470	14,559	15,733	15,737
Washington, DC.....	15,743	15,980	14,326	14,741	14,179	14,237	14,459	14,566	14,594	14,576	15,159	15,370
National Panel.....	19,514	19,591	19,800	19,984	19,287	19,637	19,025	19,340	19,231	19,187	20,048	19,969

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 44 - Estimated rate of total emergency department visits per 100,000 population, by metropolitan area by year: 1993-2000

TOTAL ED VISITS**

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.....	38,275	38,924	38,060	38,756	37,713	37,253	37,462	38,889
Atlanta.....	41,852	42,862	42,441	41,796	38,307	37,552	36,992	34,252
Baltimore.....	37,448	37,184	37,365	38,153	38,101	40,163	41,419	41,081
Boston.....	49,521	47,395	44,772	47,412	42,929	42,130	40,690	41,787
Buffalo.....	36,905	35,759	32,776	31,718	28,595	28,630	30,024	27,073
Chicago.....	36,707	38,034	38,911	38,270	37,747	36,363	37,071	37,334
Dallas.....	34,123	35,251	35,623	34,933	36,715	37,476	36,761	40,643
Denver.....	32,356	29,703	30,429	28,926	28,117	26,998	32,755	32,614
Detroit.....	38,616	35,153	36,666	36,815	34,325	34,207	34,331	33,603
Los Angeles - Long Beach.....	29,890	29,223	27,273	28,173	26,682	25,315	27,020	29,960
Miami - Hialeah.....	31,715	33,521	33,990	34,129	35,648	36,924	36,819	37,939
Minneapolis - St. Paul.....	27,854	24,673	29,731	29,766	29,131	27,917	29,405	30,541
New Orleans.....	46,757	49,165	49,481	51,311	48,480	46,823	48,202	49,199
New York.....	40,263	41,871	39,468	44,265	41,462	41,445	40,492	42,818
Newark.....	39,264	39,533	40,447	38,747	36,530	38,739	39,599	41,356
Philadelphia.....	38,868	35,715	36,193	35,786	34,979	35,685	35,747	35,724
Phoenix.....	33,100	32,940	35,430	36,602	34,158	35,101	37,123	40,958
St. Louis.....	39,501	40,288	37,800	37,850	35,778	34,424	36,460	37,568
San Diego.....	27,002	22,629	21,745	24,597	24,807	25,607	27,290	26,157
San Francisco.....	38,788	37,846	31,213	31,728	30,402	32,202	34,661	30,746
Seattle.....	37,969	38,051	30,563	31,790	30,577	28,588	29,030	31,470
Washington, DC.....	31,673	32,555	31,723	29,068	28,416	29,025	29,170	30,530
National Panel.....	38,943	40,014	39,105	39,784	38,926	38,366	38,418	40,016

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 45 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: First half 1995 - second half 2000

DRUG EPISODES

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.***	117	104	107	111	112	110	113	112	115	113	124	120
AGE												
6-34.....	153	134	139	142	144	140	143	136	138	134	152	144
12-17.....	148	127	150	136	147	125	142	116	126	103	145	127
18-25.....	196	179	174	184	192	189	184	189	192	196	217	209
26-34.....	217	186	194	202	198	202	206	200	196	197	207	204
35+.....	85	78	80	85	84	84	89	92	96	97	101	100
GENDER												
Male.....	121	107	109	118	119	116	122	120	124	125	131	128
Female.....	110	99	104	103	103	102	103	103	104	101	113	108

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 46 - Estimated rate of emergency department drug episodes per 100,000 population by age, gender: 1993-2000

DRUG EPISODES

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.**	201	225	221	219	222	225	228	243
AGE								
6-34.....	266	300	287	281	284	279	272	296
12-17.....	238	280	275	286	272	258	229	272
18-25.....	356	402	375	358	381	372	388	426
26-34.....	371	416	403	396	400	406	393	411
35+.....	142	156	162	165	168	181	193	201
GENDER								
Male.....	209	237	228	227	235	242	249	259
Female.....	190	210	210	207	205	206	205	221

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 47 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: First half 1995 - second half 2000

DRUG MENTIONS

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.***	203	184	189	197	200	197	205	203	210	207	226	219
AGE												
6-34.....	261	232	239	247	251	248	253	243	248	242	271	258
12-17.....	230	192	225	207	233	203	227	190	199	163	237	205
18-25.....	334	311	296	327	337	339	331	333	347	355	388	377
26-34.....	385	341	356	370	359	369	379	371	370	372	388	378
35+.....	152	142	146	154	155	154	165	170	180	179	190	188
GENDER												
Male.....	214	190	194	212	213	210	223	220	228	229	239	237
Female.....	189	174	180	179	184	182	184	185	191	183	209	194

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 48 - Estimated rate of emergency department drug mentions per 100,000 population by age, gender: 1993-2000

DRUG MENTIONS

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.**	348	391	387	386	397	408	418	445
AGE								
6-34.....	454	513	493	486	500	495	489	529
12-17.....	367	433	422	432	436	416	361	441
18-25.....	606	685	645	623	676	664	702	765
26-34.....	659	740	727	726	728	749	742	766
35+.....	250	279	294	299	309	335	359	377
GENDER								
Male.....	361	416	405	407	423	443	457	476
Female.....	329	360	364	358	366	369	374	403

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 49 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: First half 1995 - second half 2000

COCAINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.***	32	27	31	34	33	35	36	36	33	37	35	36
AGE												
6-34.....	40	32	37	40	39	41	41	40	37	39	37	38
12-17.....	5	4	6	6	9	7	10	9	6	8	10	9
18-25.....	42	34	37	43	45	47	43	45	42	48	44	45
26-34.....	85	69	80	87	80	85	88	86	79	83	76	79
35+.....	24	22	25	29	28	29	31	32	30	34	33	35
GENDER												
Male.....	43	37	41	48	45	47	48	49	44	49	46	49
Female.....	20	17	20	21	21	22	24	23	22	24	23	23

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 50 - Estimated rate of emergency department cocaine mentions per 100,000 population by age, gender: 1993-2000

COCAINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.***	54	62	58	65	68	72	69	71
AGE								
6-34.....	71	81	72	77	80	81	76	74
12-17.....	8	10	9	12	16	19	14	19
18-25.....	80	91	76	80	92	88	90	89
26-34.....	141	166	154	167	165	173	162	155
35+.....	39	44	46	54	57	63	64	68
GENDER								
Male.....	75	87	80	89	92	97	93	95
Female.....	34	38	37	41	44	47	46	46

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 51 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: First half 1995 - second half 2000

HEROIN/MORPHINE

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.***	15	15	15	16	15	15	16	16	16	19	20	19
AGE												
6-34.....	15	15	14	15	15	15	16	16	16	18	20	20
12-17.....	1	1	1	2	2	4	2	2	2	1	2	3
18-25.....	15	16	16	18	18	18	20	22	26	27	30	34
26-34.....	33	31	30	32	30	30	33	30	27	34	37	36
35+.....	16	16	16	17	15	16	16	17	16	20	20	19
GENDER												
Male.....	22	22	21	23	21	21	23	23	22	26	28	26
Female.....	9	9	9	10	9	10	10	10	10	12	12	12

... Estimate does not meet standard of precision.

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 52 - Estimated rate of emergency department heroin/morphine mentions per 100,000 population by age, gender: 1993-2000

HEROIN/MORPHINE

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.***	28	28	30	31	30	32	35	39
AGE								
6-34.....	27	28	30	30	30	31	33	40
12-17.....	1	2	2	3	6	4	3	5
18-25.....	29	30	31	34	36	41	54	64
26-34.....	57	60	64	63	59	63	61	73
35+.....	28	27	31	33	31	33	36	39
GENDER								
Male.....	40	40	44	44	42	45	48	54
Female.....	15	16	17	19	19	20	22	25

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 53 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: First half 1995 - second half 2000

MARIJUANA/HASHISH

	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul - Dec 2000
TOTAL U.S.***	11	9	11	12	14	14	16	16	18	18	20	19
AGE												
6-34.....	17	15	18	21	22	22	26	26	29	28	32	30
12-17.....	18	18	20	25	26	23	32	25	31	25	33	34
18-25.....	28	26	26	31	36	34	39	43	48	49	55	50
26-34.....	19	16	21	23	22	27	28	30	32	32	33	33
35+.....	4	4	5	5	7	6	8	8	9	10	11	10
GENDER												
Male.....	15	13	15	18	19	19	22	22	24	25	26	25
Female.....	6	5	7	7	8	9	10	10	12	11	14	13

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 54 - Estimated rate of emergency department marijuana/hashish mentions per 100,000 population by age, gender: 1993-2000

MARIJUANA/HASHISH

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.***	13	18	20	23	27	32	36	39
AGE								
6-34.....	21	29	33	38	44	52	57	62
12-17.....	20	30	36	45	49	57	55	67
18-25.....	35	50	54	57	71	83	97	105
26-34.....	25	32	35	44	49	58	64	66
35+.....	5	7	8	10	13	16	19	21
GENDER								
Male.....	18	25	28	32	38	44	49	52
Female.....	7	10	11	14	17	20	23	26

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 55 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: First half 1995 - second half 2000

METHAMPHETAMINE/SPEED

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

... Estimate does not meet standard of precision.

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).

Table 56 - Estimated rate of emergency department methamphetamine/speed mentions per 100,000 population by age, gender: 1993-2000

METHAMPHETAMINE/SPEED

	Total 1993	Total 1994	Total 1995	Total 1996	Total 1997	Total 1998	Total 1999	Total 2000
TOTAL U.S.**	4	8	7	5	7	5	4	6
AGE								
6-34.....	7	12	11	7	12	8	7	8
12-17.....	3	9	7	5	8	5	4	5
18-25.....	12	20	17	14	17	13	12	13
26-34.....	10	16	15	9	17	11	9	13
35+.....	2	4	3	3	4	2	3	3
GENDER								
Male.....	6	10	9	6	10	6	5	7
Female.....	3	5	5	3	5	4	3	4

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

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

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2000 (03/2001 update).