

The DAWN Report

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Narcotic Analgesics, 2002 Update

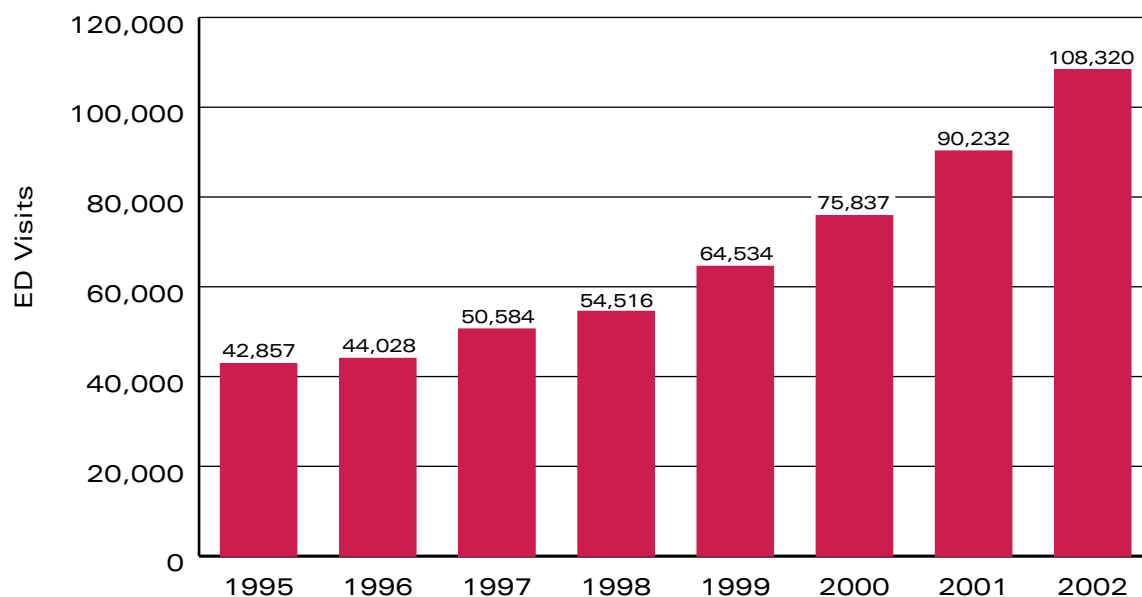
In Brief

This issue of *The DAWN Report* focuses on drug abuse-related emergency department (ED) visits that involved narcotic analgesics. Narcotic analgesics are a type of pain reliever, derived from natural or synthetic opiates.¹ Examples of some common brand names include Vicodin®, Percocet®, OxyContin® and Darvon®. According to data collected by the Drug Abuse Warning Network (DAWN) from 1995 to 2002:

- In 2002, narcotic analgesics were involved in 16 percent of total drug abuse-related ED visits, accounting for an estimated 108,320 visits.
- From 2001 to 2002, drug abuse-related ED visits involving narcotic analgesics increased 20 percent (from 90,232 to 108,320 visits). Over the longer term, visits increased 153 percent from 1995 to 2002 (up from 42,857 visits).
- More than one substance was involved in nearly three-quarters of all drug abuse-related ED visits involving narcotic analgesics.
- The number of drug abuse-related ED visits involving narcotic analgesics increased from 1995 to 2002 for all age groups except patients age 12 to 17. The 45 to 54 age group experienced the largest increase (298%).
- Hydrocodone and oxycodone were the narcotic analgesics most frequently mentioned in drug abuse-related ED visits in 2002. However, in almost 40 percent (42,214) of the ED visits, the narcotic analgesic was not specified by name.
- Dependence was the most frequently mentioned motive underlying drug abuse-related ED visits involving narcotic analgesics (47%).

FIGURE 1

Drug abuse-related ED visits involving narcotic analgesics: 1995-2002



SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

Introduction

According to DAWN, narcotic analgesics were involved in 16 percent of the approximately 670,000 drug abuse-related ED visits in the U.S. in 2002. From 1995 to 2002, the number of drug abuse-related ED visits involving narcotic analgesics rose from 42,857 to 108,320, a 153 percent increase (Figure 1). More recently, narcotic analgesic ED visits increased 20 percent from 2001 to 2002.

This report focuses on the nine narcotic analgesics most commonly involved in drug abuse-related ED visits: codeine, fentanyl, hydrocodone, methadone, morphine, oxycodone, and propoxyphene.² However, almost 40 percent (42,214 visits) of the total narcotic analgesic-involved visits involved a narcotic analgesic that was not specified by name (*not otherwise specified*, or NOS).

Trends in narcotic analgesic-involved ED visits

The trends for individual narcotic analgesics have varied since 1995 (Figure 2). From 1995 to 2002, increases in drug abuse-related ED visits were observed for oxycodone (512%), methadone (176%), hydrocodone (159%), and morphine (116%). Visits involving fentanyl also increased, although it was involved in relatively few visits (1,506 in 2002). Visits involving propoxyphene and meperidine were stable during this period, and visits involving codeine decreased 43 percent.

From 2001 to 2002, three narcotic analgesics showed increases: fentanyl (112%), codeine (34%), and hydrocodone (17%). Oxycodone, methadone, meperidine, morphine, and propoxyphene were stable from 2001 to 2002.

Demographic aspects

Because age groups in a population vary by size, it is inappropriate to make direct comparisons between the number of ED visits for each age group. However, comparisons can be made using rates, which take into account the size of the age group within the population as well as the number of ED visits.³

In 2002, no single age group stood out as having the highest rate of visits involving narcotic analgesics. The rates for adults age 18 to 25 (57 visits per 100,000 population), 26 to 34 (74 per 100,000), 35 to 44 (70 per 100,000), and 45 to 54 (60 per 100,000) were

not statistically different from each other (Figure 3). However, the rates for those in the 12 to 17 (16 per 100,000) and the 55 and over (12 per 100,000) groups were statistically lower than the other age groups.

From 1995 to 2002, each age group except the patients age 12 to 17 years experienced an increase in the rate of drug abuse-related ED visits involving narcotic analgesics. The 45 to 54 age group experienced the largest increase, of almost 300 percent (from 15 to 60 visits per 100,000 population). An examination of more recent trends reveals that only two groups experienced increases from 2001 to 2002: patients age 18 to 25 (26%) and age 45 to 54 (36%).

The rates of drug abuse-related ED visits involving narcotic pain relievers were equivalent for male and female patients in both 1995 and 2002, even though rates for both genders increased during that period. For the male patients, the rate of 44 visits per 100,000 in 2002 represented an increase of 166 percent from 1995, when the rate was 17. The rate for female patients in 1995 (20 visits per 100,000) had doubled by 2002, to 39. In more recent years, the trends for both genders continued to increase: from 2001 to 2002, the rate for males increased 22 percent (up from 37 visits per 100,000), and for females, 18 percent (up from 33).

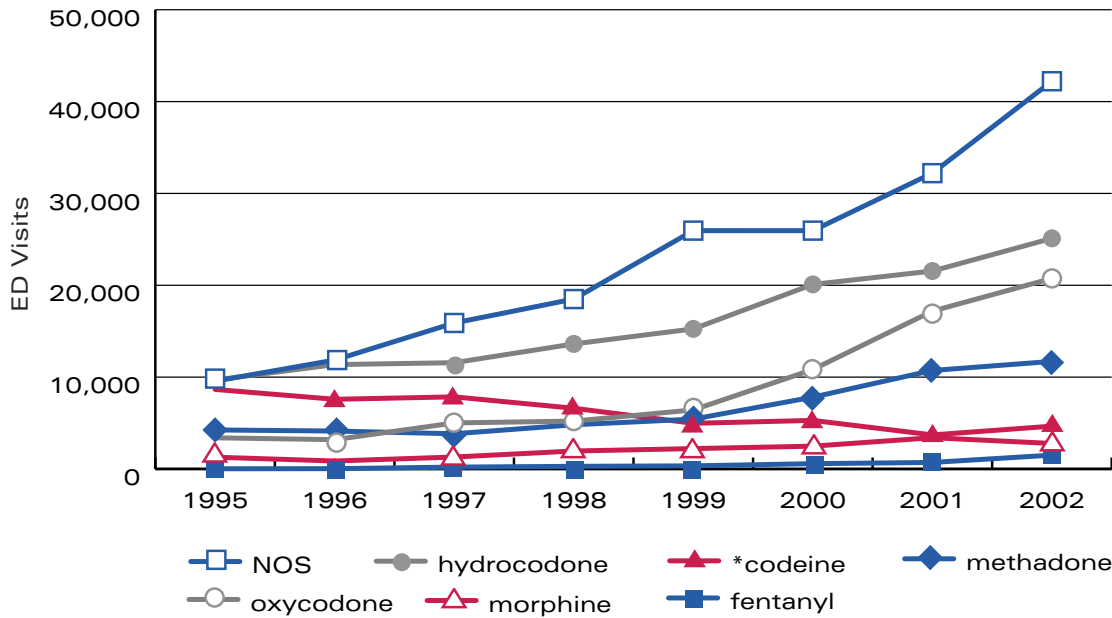
Characteristics of visits

Of the 108,320 drug abuse-related ED visits that involved narcotic analgesics in 2002, 71 percent (77,124 visits) involved at least one other drug. Substances frequently found in combination with narcotic analgesics included alcohol, cocaine, marijuana, benzodiazepines, and carisoprodol (a muscle relaxant).⁴

Dependence was the most frequently mentioned motive underlying drug abuse-related ED visits involving narcotic analgesics (47%; 50,623 visits), followed by suicide (22%; 24,308 visits), psychic effects (15%; 16,153 visits), and other motives (2%; 1,790 visits). The motive was unknown for 15,446 (14%) of these visits.

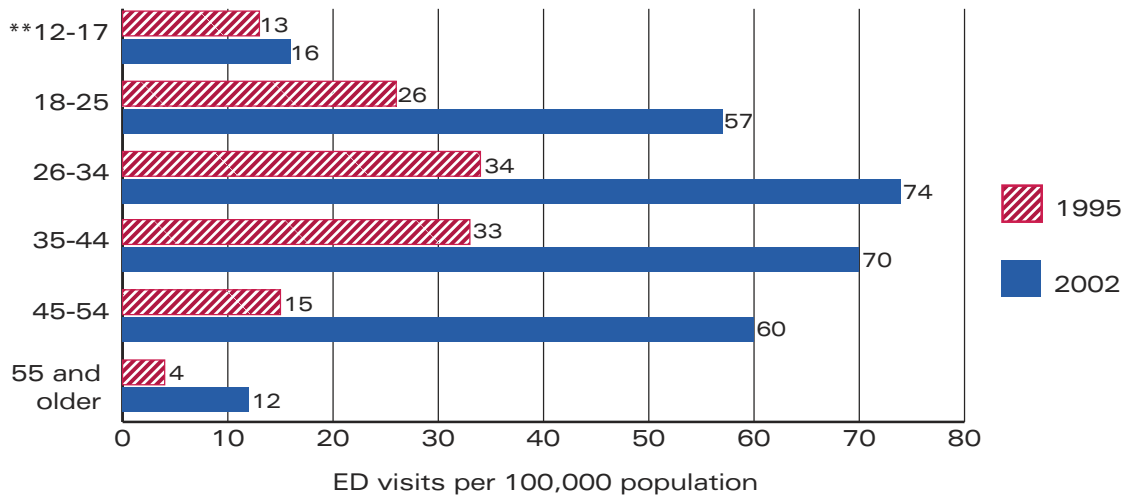
Patients were as likely to be treated and released from the hospital (44%; 47,427 visits) as admitted (53%; 57,373 visits). In the remaining 3 percent of visits (3,520), the patients left against medical advice, died, or the visit outcome was unknown.

FIGURE 2
Narcotic analgesics that changed in frequency from 1995 to 2002



*Codeine-involved visits decreased from 1995-2002, but increased from 2001 to 2002.
 SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

FIGURE 3
Trends in rates of narcotic analgesic-involved ED visits, by age: 1995-2002



** Change from 1995 to 2002 not statistically significant.
 SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

Notes

¹ Drugs that contain narcotics but are not pain relievers, such as cough and cold remedies, are not included in this report.

² This report focuses on the most frequently-mentioned narcotic analgesics. For a complete list, see Table 2.8.0 in *Emergency Department Trends From the Drug Abuse Warning Network: 1995-2002* available online at <http://DAWNinfo.samhsa.gov/>.

³ The lack of detailed race and ethnicity data in DAWN case reports prevents DAWN from generating rates per 100,000 population for race and ethnicity categories. Therefore, race and ethnicity will not be discussed in this report.

⁴ For more information about opiates and polydrug use, see *The DAWN Report: Oxycodone, Hydrocodone, and Polydrug Use: 2002* available on the web at: http://DAWNinfo.samhsa.gov/pubs_94_02/shortreports/.

About DAWN

The **Drug Abuse Warning Network (DAWN)** is a national public health surveillance system that collects data on drug abuse-related visits to emergency departments (EDs) and drug abuse-related deaths reviewed by medical examiners and coroners. Data on ED visits are collected from a national probability sample of non-Federal, short-stay hospitals, with oversampling in 21 major metropolitan areas. Data from the sample are used to generate estimates for the coterminous U.S. and the 21 metropolitan areas.

ED visits are reportable to DAWN if a patient between the ages of 6 and 97 was treated for a condition associated with intentional drug abuse, including recreational use, dependence, or suicide attempt. Visits involving chronic health conditions resulting from drug abuse are reportable. Abuse of prescription and over-the-counter medications is reportable. Adverse reactions associated with appropriate use of these drugs and accidental ingestion or inhalation of any drug are not reportable.

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